

Enrollment Workgroup
Draft Transcript
June 14, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good morning, everybody, and welcome to the first meeting of the enrollment workgroup. This is a federal advisory committee, which means it's being operated in public. There will be a transcript and minutes of the meeting in a few days, and I ask all members of the committee to please identify yourselves when speaking for attribution. We have members of the public in the audience, as well as on the phone and on the Web. Let me begin by asking the workgroup members to go around the table and just introduce yourselves briefly, your name, your organization, your title, and I'll begin on my left with Claudia Williams.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Welcome, everybody. We actually have both committee members and ex officio federal members here, so when you introduce yourself, just indicate which one you are. I'm Claudia Williams. I'm staffing this group and ex officio member from ONC.

David Hale – NLM NIH – Project Manager for Pillbox

I'm David Hale, National Library of Medicine National Institutes of Health. I'm the project manager for Pillbox, and I'm here as an ex officio federal member.

David Molchany – Fairfax County, VA – Deputy County Executive

David Molchany, I'm Deputy County Executive of Fairfax County, Virginia.

Sallie Milam – State of West Virginia – Chief Privacy Officer

Sallie Milam, Chief Privacy Officer for West Virginia's executive branch. I'm here as a member.

Terri Shaw – Children's Partnership – Deputy Director

Terri Shaw, Deputy Director of the Children's Partnership, and I'm here as a member as well.

Wilfried Schobeiri – InTake1

I'm Wilfried Schobeiri. I'm from InTake1, which is a poverty reduction platform, and I'm a workgroup member.

Bryan Sivak – Government of D.C. – Chief Information Officer

Bryan Sivak, CTO here in the District of Columbia.

Oren Michels – Mashery – CEO

Oren Michels, Founder and CEO of Mashery from San Francisco. I'm here as a member.

Steve Fletcher – State of Utah – Chief Information Officer

Steve Fletcher, CIO for the State of Utah. I guess I'm a member.

Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy

Stacy Dean from the Center Budget & Policy Priorities, also a member.

Jessica Shahin – USDA – Associate Administrator, Food Stamp Program

Jessica Shahin with USDA. I am here for Kevin Concannon, Undersecretary of Food and Nutrition Service, and he is a member.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner

Hello, I'm Jim Borland. I'm here representing the Social Security Administration. I'm a member of the HIT Policy Committee and a member of this subcommittee.

Cris Ross – MinuteClinic – CIO

I'm Cris Ross, here as a member of the committee. I'm Chief Operating Officer of LabHub, an initiative between SureScripts and Lab Company.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good morning. I'm Sam Karp. I'm vice president of programs at the California HealthCare Foundation. I'm a committee member and cochair.

Aneesh Chopra – White House – CTO

My name is Aneesh Chopra. I'm the President's Chief Technology Officer, and I, along with Sam, will be serving as your cochair, and I'm a member of the standards committee.

Ronan Rooney – Curam Software – CTO & Cofounder

Ronan Rooney, a workgroup member from Curam.

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

Reed Tuckson, Physician Executive Vice President, UnitedHealth Group, and I'm here as a member.

Rob Restuccia – Community Catalyst – Executive Director

Rob Restuccia, Executive Director of Community Catalyst. I'm here as a member.

Ruth Kennedy – Louisiana Medicaid Department LaCHIP – Director

Hello. My name is Ruth Kennedy. I'm with the Louisiana Medicaid and CHIP programs, and I'm here as a member.

Paul Eggerman – eScription – CEO

Hello. I'm Paul Eggerman. I'm a software entrepreneur, and I'm also a member of the HIT Policy Committee, and I'm here as a member.

David Hansell – DHHS – Principal Deputy Assistant Secretary, ACF

I'm David Hansell, Principal Deputy Assistant Secretary at the HHS Administration for Children and Families and ex officio member.

Deborah Bachrach – Bachrach Health Strategies – President

Deborah Bachrach, I'm president of Bachrach Health Strategies. More informative for this group, I was the Medicaid Director for New York State until January, and I'm here as a member.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Anne Castro, BlueCross BlueShield of South Carolina. I'm a member of the standards committee and a member of this committee workgroup.

Gopal Khanna – State of Minnesota – Chief Information Officer

I'm Gopal Khanna, CIO for the State of Minnesota. I'm an innovation junky, so when I got a call from Aneesh to say, "Let's change the world", I'm here.

Penny Thompson – CMS – Deputy Director

I'm Penny Thompson. I'm the deputy director of the Center for Medicaid, CHIP, and Survey & Certification in the Centers for Medicare and Medicaid Services, and I'm ex officio.

Sharon Parrott – Secretary Sebelius – Counselor, Human Services

I'm Sharon Parrott. I'm counselor to Secretary Sebelius for Human Services. I'm an ex officio member.

Henry Chao – CMS – CTO

Hello. I'm Henry Chao. I'm the chief technology officer for CMS, and I'm here as an ex officio member.

Paul Swanenburg – SSA – Senior IT Specialist & Program Manager

Hello. I'm Paul Swanenburg, Social Security Administration, Project Manager for the Citizenship Exchange and ex officio member.

Judy Sparrow – Office of the National Coordinator – Executive Director

Do we have any members on the telephone, please? With that, I'll turn it over to Mr. Chopra and Mr. Karp

Aneesh Chopra – White House – CTO

You have a couple.

Judy Sparrow – Office of the National Coordinator – Executive Director

Go ahead.

Ray Baxter – Kaiser– SVP Community, Benefit, Research, & Health Policy

This is Ray Baxter, Senior Vice President of Kaiser Permanente.

Aneesh Chopra – White House – CTO

Thank you, Ray.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you. I'll turn it over to Mr. Chopra and Mr. Karp.

Aneesh Chopra – White House – CTO

All right. Judy and Claudia, thank you very much. Folks, I want to begin by just saying in advance, thank you for what will be a sprint over the next 118.3 days or whatever is left from our statutory obligation. We're going to have a lot of fun, but we're also going to be very focused in our work. One of the things that we've committed to early in this process is to provide you as much explicit direction as possible so that we take full use of your time and brainpower in manners that will advance the implementation excellence objectives that have been the hallmark of how we wish to approach a health reform implementation.

What I'm going to do is walk you through just a few slides up front, have Sam set some preliminary ground rules, and then we'll come back before we hear our official first set of panelists on where we are. Let me take a moment just to sort of set the stage. You heard everybody introduce each other. What's exciting about this group is that this is not the group that would have assembled naturally under its own forces. Not everybody in this room knows each other. Not everybody in this room has had the same experience or perspectives.

We've purposefully tried to bring all perspectives to the table for this conversation, those that represent our state and local government partners, those that serve these constituencies, some that actually don't serve this industry at all, but bring their perspectives on how similar challenges have been addressed elsewhere, and even within our federal ex officio membership, you can see we've mixed it up a bit by bringing people who have very formal professional responsibilities in the areas that we're covering, as well as those that have applied new and creative solutions to these issues in related matters, but may not have been specifically focused in this regard. You can see the full list of membership in the slide in front of you, but I hope it reflects our commitment to bringing all voices to the table in pursuit of this very important objective.

Why are we here? We're here because we are asked to come together under Section 1561 of the Affordable Care Act. This specific provision has challenged Secretary Sebelius in partnership or consultation with the two official bodies that give advice on these matters, the Health IT Policy Committee, and the Health IT Standards Committee, to collaboratively develop interoperable and secure standards and protocols that will facilitate the enrollment in federal and state health and human services programs using methods that include providing individuals and authorized third parties to notification of eligibility and the verification of eligibility. Putting it simply, we want the customer experience to be world class, as they engage with us in the future, and as we think about what we've been doing thus far, celebrating those excellence initiatives that have been embarked upon in the states and local levels for the last decade or more.

Next slide, I want to frame for us this very aggressive timeline. Again, it's helpful when you have an aggressive timeline because it means that you're not going to boil the ocean and solve every problem and to do so in a manner that basically fails to achieve anything materially useful. What we're going to do today, kicking off, if you will, for the next month, is to essentially tackle three things.

One, for lack of a better term, inventorying a set of standards that have been in place that the states and the locals and the Feds have been using in related programs and in this sphere that have already been in place and that are working. Starting to understand specific data elements, if you will, what the very basic level, what is it that we need in order to make judgments about a person's enrollment? And, frankly, a process acknowledging that we will likely reach gaps between what are widely deployed data standards on any of these issues today and what we think the full breadth of data elements would be required in the future, how might we put in place a process that would allow us to address those gaps.

Then we would move from mid July until the end of the summer, if you will, with a much more focused discussion about the standards development process. We'll introduce you to this concept of NIEM. NIEM is the National Information Exchange Model. Gary, you're welcome to join us right here at the stage where you're given VIP status. NIEM is the model in the federal government's Office of Management and Budget, information sharing and interoperability framework, to establish very simple and effective models for collaboration in the spirit of developing such standards, and we'll introduce you to that process as a prototype.

Then, of course, because of the deadline written in statute, we would be finalizing our standards recommendations for the Health IT Policy and Standards Committees more generally, and hopefully with their membership on this committee, that will be smooth recommendations transition, and then on to the secretary for her activity. That's the broad strokes for our work. Because we embrace emerging technologies, much of our work will be done virtually. We'll have conference calls more so than we will a lot of in-person meetings, but we can have that conversation as we get to mechanics.

Next slide: This is perhaps the most important slide from the perspective of what it is that we're going to try to do, and I've kind of given you an initial statement about this, and then I'm going to hand it over to Sam. Basically it is this. As I mentioned upfront, what are the current standards that have been in use? I look at you, Dave, and I look at Fairfax County's leadership in this domain. What is it that you're doing today to simplify the enrollment process using electronic information exchange? What are those candid standards? What are the standards that are in use? What are the gaps, from what we're going to need, and how might we address those gaps?

Specifically, and here's the scope of the work that we're immediately looking at, how do we support the electronic matching across state and federal data? How might we support retrieval and submission of electronic documentation for verification? How might we, and this is an important principle, reuse eligibility information where possible? Fourth, how do we support the capability for individuals to maintain eligibility information online or in an information box, if you will? And last, but not least, how might we engage in notification when it comes to issues of eligibility?

This is our draft workgroup charge. We're going to have a healthy discussion about this following testimony. I'd like to turn it over now to Sam to talk us through the next round.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Go to the next slide, please. Thank you, Aneesh. These are the potential deliverables at a very high level. Aneesh has talked about how we're going to try to get there. And, as you know, in any process, the outcomes change a little bit, so I suspect the deliverables may change as well. We may add some to our list. But to start with our first high level deliverables, as Aneesh described, an inventory of the standards based exchange in use today to enroll individuals and families in health and human services programs.

We're going to begin gathering information about those protocols and standards that are used in testimony today. We're going to, working with ONC and consultants that they've hired, look around the country. We're also going to talk to states and find out exactly how it's working in the states today. Lastly, we're going to put up in about a week, a blog, a FACA blog, and solicit input that way. So the idea of creating an inventory of the standards that are in use today.

Second, we're going to, as a deliverable, develop new candidate standards for data elements and for messaging. And we're going to look to ONC staff to bring those candidates forward to us for our discussion and debate and hopefully a resolution. Third, we're going to develop a process to fill in the gaps, the gaps between what exist today and what we think needs to be in place in order to have an interoperable system of exchanging eligibility data. As we go further today, we'll talk about all those different kinds of hands offs that will be required.

Next slide, please. What are the potential candidate standards? If we look at core data elements, I have to tell you a story that in California, we recently looked at 12 programs and the data elements in these 12 programs and the data elements in these 12 programs and for things as simple as name and address and income, we found that there was a lot of dissimilarity in how those data elements were actually captured. The fields were named different things. They were different field lengths, and so when you think about data elements that are at core to matching individuals, to identifying individuals, there needs to be some uniformity in those elements.

The second set of candidate standards will be messaging standards. Messaging is important because it's how information is packaged and communicated between parties, and there are a number of different

kinds of messaging standards that we're going to be looking at. Checking eligibility and enrollment to see if somebody is already known and enrolled in a system, consumer matching across the systems, as I mentioned, it's important to have standardized data elements to be able to not only do that quickly, but to have a high degree of match rate. Retrieving and sending these packages of verification information to social security, to the IRS, if we want to remove the burden from individuals and put the burden on the system for being able to do verification, then we're going to need some standards to be able to exchange data in an interoperable way.

Communicating enrollment information, whether it's going to be from an exchange to a Medicaid agency, whether it's going to be from a Medicaid agency to an individual's cell phone or a text message. We're going to need to be able to have standards that allow that communication to happen in a seamless way. And I think most important to everyone is insuring that how we do these things conforms to very complex state and federal privacy laws. We're going to need to look at secure transport and some of the new mechanisms that make it possible to do that in a faster way and a way that's least expensive. We're going to look at authentication standards, particularly if we're going to have individuals being responsible for authenticating to the system, whether it's the IRS or managing their own eligibility information to keep it current. Authentication will be important.

Next slide, please. The requirements that we're going to develop are going to be flexible because we're going to look at a variety of different use cases, and we're going to rely on staff to propose some use cases to us. Some of those use cases may have to do with a new front end that does just a high-level eligibility screen. In some instances, the use cases may be more complex and involve a very comprehensive set of eligibility standards for system wide eligibility, not just necessarily for healthcare, but reaching beyond that to those families that may be eligible for other programs and other services.

Another use case may just be what should be the standards for federal and state exchanges to allow for more seamless interoperability between all the different places that that information will need to be exchanged. With that next slide, and let me turn it back to Aneesh.

Aneesh Chopra – White House – CTO

Now I'd like to set some ground rules for the work that we're going to do, just so that we have, again, clarity and focus. The first point I'd like to make is that there are a great – I might start with the last bullet, frankly, first. The year 2014 is an important year in the Affordable Care Act. It is the year in which we will see the manifestation of our exchanges and a whole range of policy implementations that between now and 2014 will be the subject of implementation work and the work of a great deal number of people that are not in this room.

We, on this body, will begin with the premise that most of us in technology believe to be true. And that is, we will not be setting policy goals and policy constraints in the choices we make on standards, but rather, quite the opposite. We are focused on insuring that whatever the policy environment is, that we have the capability for standards based data exchange so that we can support those policy decisions as opposed to constrain them. This is an important point because, as you know, we're not going to have clarity on these issues probably in the next month or so, as we proceed, so we would actually be better off focusing our time and attention making sure that, across multiple options, what are those irreducible lessons? What are those key elements that are necessary, no matter what the policy framework might be? And that will be an important guardrail for us, as we proceed.

We did suggest a few other key elements that I want to bring to center here. First is that we do believe the individual is at the center. The consumer is at the center. So Sam and I are trying to make sure that

as we think about the discussion points and the use cases that he just referenced, we understand what this will mean for everyday American's.

Second, obviously, but must state this, the enrollment process should be less burdensome, that we should be focused on simplification. I assume this is obvious, but it's not always the case. I had the honor and privilege of serving as Virginia's Secretary of Technology where I've come to know a number of you. My favorite first few days on the job, I downloaded the Medicaid application form, 9 point font, 13 pages in length, PDF available online.

The third principle, and this again, I hope, is an obvious one, but we want to just make sure it's clear that our goal is to enter or obtain information once and to reuse for other purposes. Last, and certainly not least, our goal is to obviously make it as easy as possible for everyday Americans to move between programs, which we know from our experience, many share enrollment from all the various programs that we make available today.

Next slide: We're benefited in this body from work we had done on the Health IT Standards Committee. I look at Anne, who was with me in that forum. Under the Health IT Standards Committee, as part of our deliberation in evaluating the implementation experience that we would propose, as we moved on the broader construct of healthcare IT, we as a body endorsed a few principles for standards development that I thought would be relevant for this group. Cris, I forgot to acknowledge you. Cris and Anne helped us to set these up. I want to highlight four.

The first is that we should keep it simple. We will be thinking big, but we're clearly going to want to start small. The goal here is that our standards should be as minimal as necessary to support those policy objectives and then, as we build over time, additional and better functionality. The goal here cannot be we're going to rip and replace everything that's in place. We've got to work with where we're are. Ideally, where there are proven standards that have been in place, how we scale them and accelerate their deployment.

The next principle, we should not let the perfect be the enemy of good enough. To the extent that it's possible, if we can focus on the 80% that many of us would find productive and useful, then we should move forward in that regard. We do see some opportunity to standardize at the core, but how we think about some of those shared data elements, this is going to be an area where we're going to have some conversation between how realistic it is for us to – I'm looking at Molchany over there. Change in the name fields for all your legacy software over in Fairfax County, I don't know what your cost structure would be for that, Dave, but we have to be mindful of these constraints.

Third, obviously in the point that I just made teasing Dave, we want to keep these implementation costs as low as possible. To the extent that there are some basic set of services and interfaces that can be essentially developed once, but deployed more broadly across state localities, that would be ideal if we could find a method to do so, and obviously in today's environment, acknowledging that we're all, as a nation, moving towards increasingly dependent on the Internet and Web based services for information flows. Understanding this notion of Web services will be an important path to reducing implementation costs.

This is clearly the point we have to hit home very clearly, last, and certainly not least. Our goal is not to declare some uber monolithic, beast like, one size fits all, here, thou shalt implement, that will add burden and complexity to very simple use cases. If possible, our intention will be to describe specific data elements and messaging standards that will be needed regardless of the policy, business rules, and

architecture that will be established by those engaged in the implementation of health reform more broadly. Those are the principles that Sam and I would like to share with us, as we get started.

We have a little bit of time between now and our first panel. Lecturing over. Conversation beginning. We want to now just get a little bit of a flavor for each other, working with each other, some initial questions, comments, ideas, thoughts. Let's just start getting the conversation going. Then we'll obviously hear some expert testimony. We'll come back for a more lively and rich discussion at the end of the day. But any initial comments, reactions, concerns? Let's pick on Cris Ross first because I just love picking on Cris Ross. Cris, do you have any broad themes, questions, suggestions, concerns, as we get moving in this conversation?

Cris Ross – MinuteClinic – CIO

I actually do have a question about the scope of 1561.

Aneesh Chopra – White House – CTO

Excellent.

Cris Ross – MinuteClinic – CIO

If it's read literally, it says facilitate enrollment in federal and state health and human services programs, and I just wonder how you're teasing that apart and where you see the boundaries. Is it really as inclusive as that language could mean? Is there priority A, priority B? How would you guide us?

Aneesh Chopra – White House – CTO

Let's begin by making rule number eight in the conversation. There will from here forward no longer be a "you". We are a "we".

Cris Ross – MinuteClinic – CIO

That's too hard.

Aneesh Chopra – White House – CTO

We are a "we". We're reading the same words you're reading, and I think we look to those words. The good point about this, Cris, is that we're going to have testimony up front from key policy leaders, and I'm going to particularly point our aim at Penny, who is in the chain of command on questions around how health reform implementation will be going more broadly. My guess is that today we read it as it says, "health and human services programs". That's why the U.S. Department of Agriculture is here and so forth because those programs, there's a lot of overlap. But we will also be informed by Penny's testimony and Alice's evaluation of what she's seen more generally. Not to punt, Cris, but I think we read the rule, the language as it stands, and then gather the input from testimony. Is that right, Sam?

Sam Karp – California HealthCare Foundation – Chief Program Officer

I concur.

Aneesh Chopra – White House – CTO

Anne?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

...any relationship between the Web portal that's going in, in July and October, and where we're going on this task?

Aneesh Chopra – White House – CTO

Anne is providing some context. Many of you know another deliverable from health reform is that by July 1st, HHS stand up a portal that would allow the American people to understand what insurance options they have available to them in their communities. There have been some solicitations and regulatory moves with respect to this specific insurance portal, Anne. That portal does not have a fulfillment function so, therefore, you would not be using the portal to enroll. The portal, as it is today, is an information dissemination place.

Now, as we proceed with the conversation of health reform implementation with Penny, I think it is absolutely appropriate, as this body moves forward, to understand what are the possibilities with respect to that portal. How does it relate to the exchanges, and how does this come together? That will all be inputs that we will gather. But for now, that particular action does not have an enrollment function associated. Paul?

Paul Eggerman – eScription – CEO

Yes. Thank you. Paul Eggerman. I guess, like Cris, I was interested and concerned about the scope of our effort. I had assumed, because of the legislation we were part of, that our primary focus was going to be on these healthcare insurance exchanges in terms of making it possible for people to enroll in those exchanges. One of the things I think would be particularly useful, not just to have in inventory of existing standards, but it would be useful to have an inventory of federal and state programs that might interact with these insurance exchanges so that we can see which are the places that really should touch going back and forth. And also, what are the existing conditions of those federal and state agencies?

Aneesh Chopra – White House – CTO

Paul, that's precisely why it's so helpful for us to have our state and local government partners with us because both Dave and Bryan—his nametag just fell off—are in the line of immediate – in a position to have a conversation about, to the extent that there are consumers at the center, how many of them interact with multiple programs. I'm sure we'll hear more of that as the conversation unfolds. Let's go to, sorry, Sam.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I was just going to say that we know already of the 40 million Americans who will be newly eligible for health coverage that somewhere around 17 million of those may also be eligible for other programs, for food stamps, for earned income tax credit, and the like. And so I think the question was appropriate, and it is, as Aneesh said earlier, why we have other federal agency representatives here to help us think about those things.

Aneesh Chopra – White House – CTO

Steve, then Oren.

Steve Fletcher – State of Utah – Chief Information Officer

Following along that just a little bit, and looking at your first bullet point here.

Aneesh Chopra – White House – CTO

"Our". You're part of the family too, Steve.

Steve Fletcher – State of Utah – Chief Information Officer

I'm thinking is there going to be a discussion? One of the best ways to simplify standards is to look at potentially adjusting the business so that you can reduce the number of standards that you require and so forth. Is there going to be an opportunity to look at addressing the business, as they interact, and how that might be also streamlined?

Aneesh Chopra – White House – CTO

This is going to cut two ways. The short answer to the question is within this body's official work, we are constrained by the policy environment we're in. So the short answer to that point would be no, in this context. Having said that, Penny is going to testify, and part of her testimony will include conversations about how those judgments are being made, and I think it is absolutely clear, like any other stakeholder, there will be mechanisms for individuals to provide feedback on business, on the implementation options that are in front of them. This body is not envisioned making a consensus recommendation on business rules, as envisioned for the charter of the group. But your point is obvious and clear, but we'll hear from Penny, and we'll follow a process whereby that information will be useful to guide her work. Oren?

Oren Michels – Mashery – CEO

I was just ... questions and concerns. I think that, overall, part of the goal here should be to create the set of open standards that can be used by any developer, any organization, any, whether it's a government agency or a third party company, to create the applications and the means by which people will enroll and fulfill. So the focus on standards is important to make sure that standards are, by definition, open. But I'm concerned that if we spend too much time talking about, well, what is the name field called, and can you change your name field? I can't change my name field, we're ignoring the fact that developers don't actually care about that.

You just tell them what it is. You document it appropriately. You tell them what needs to be done. And if they have to call it one thing in this place and something else in the other place, that's okay because the result that inevitably happens when you're trying to get every single data element to line up, is you wind up just doing the ones you can, you end up with the lowest common denominator situation, and you lose the opportunity for new and interesting things to happen because someone just didn't think to include the such and so data element in that discussion.

Aneesh Chopra – White House – CTO

Oren is invoking the spirit of the third panel where Bryan Sivak will specifically testify to these issues how a band of brothers and sister cities have thought of the issue of common data standards in the spirit of sharing for simplifying development for applications across localities. Brian, I will defer to your testimony when we hear in the afternoon about this point, but that is exactly what we want this body to have a conversation about. If we literally sat down and tried to list out every data field of every software system of every state and every local government and every, heck, even every client of Ronan's or what have you, this thing would go on forever, and I don't think that is the best use of our time. Invoking the right levers to achieve the goals in the simplest way possible is precisely the guidance that we're looking for. Claudia?

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

That was also a great reiteration, I think, of some of the principles, which is to say, we're not standardizing to standardize. We're looking for areas where progress has been stymied and will be stymied by the lack of a standard. There again, are there data elements where we simply can't move forward because of that, not that we need to accommodate ... standardization.

Aneesh Chopra – White House – CTO

Ronan?

Ronan Rooney – Curam Software – CTO & Cofounder

Yes.

Aneesh Chopra – White House – CTO

Almost on cue.

Ronan Rooney – Curam Software – CTO & Cofounder

Almost on cue. I'm the one with the funny accent here, so I'll apologize for that upfront. The question I had relates to the last point here on the principles where we're talking about standards and protocols and messaging that are independent of the rules or the policies and so on. I'm just trying to reconcile that with the initial content of 1561, which talked about including the provision, providing individuals and third parties with notification of eligibility.

Clearly, interoperability for data standards and naming conventions and messaging is not going to give you anything to share on eligibility. I guess, for me, it's important just to understand the context is where is the line in the sand here before the use case that you mention later on in your presentation also talked about initial screening or eligibility. But is that outside the scope or...?

Aneesh Chopra – White House – CTO

It's a great segue for Penny's presentation because we're teasing you up for ... here, Penny.

Ronan Rooney – Curam Software – CTO & Cofounder

Is there a charge...?

Aneesh Chopra – White House – CTO

Yes, this is exactly right. I think, in an ideal world, we would have had a clear and understood and debated and reconciled business model that would make it explicitly clear what the rule is for every one in every circumstance and every locality, and then, therefore, execute with rigor on what's the known universe. There is no known universe today. We live in a hybrid universe. And so that requires us to be more creative. But I think we will still make progress on what's called for in the legislation despite the fact that no matter what we do, we're not going to solve for that level of clarity in the time we have to adjudicate. So we must aspire to insure that the eligibility, verification, and enrollment piece is described in there, as the balls move forward, but we have constraints, and I appreciate the question.

Ronan Rooney – Curam Software – CTO & Cofounder

Yes, obviously....

Aneesh Chopra – White House – CTO

Others who wish to make questions, comments, or concerns? Yes, Wilfried, go ahead.

Wilfried Schobeiri – InTake1

...with InTake1. I was wondering if the audit trail on the messaging across the different systems was going to be something that we were tasked with. Obviously if this is consumer oriented, they're going to want to know exactly who is touching their data, how, and what it's being used for. Obviously we're, I guess, getting into security, but if that is something that is going to be handled in a centralized fashion with that site that you guys are creating here – sorry, we are creating.

Aneesh Chopra – White House – CTO

See, this is the beauty of putting that on the table. Wilfried points to a point, which is to say, if the consumer is at the center, one recommendation subject for conversation is there shall be access to know who's got my data, when, and how are they using it and so forth. That's an interesting policy conversation. Penny and her team, my presumption is, is engaging on the question about the rules, about what is allowed and what's not allowed, and so forth. For this body, to extent one were to have

interest in that policy objective, not that you are or that you're mandated or you're not, we're not going to debate in this body the relative value of that versus other policy objectives. But to the extent that that is a policy objective that somewhere in this process is voiced as a priority.

At a minimum, understanding what are the data standards one would need to have in place that would enable that would be the way we would engage in that conversation. So we're not rendering judgment on what the rules should be about what you're entitled to in terms of the information stack, but that if you were to be, how would you go about doing that? I hope I keep saying this the way every time I try to say this so that I'm not confusing the issue more than helping, but fair? We're going to have fun working our way through these constraints, but I think it will be an important principle. Yes, Cris Ross?

Cris Ross – MinuteClinic – CIO

Along the lines of what you're just talking about, I think that the Health IT Policy and Standards Committees tried hard to come up with a notion saying it was consumer engaged, appropriate levels of security, privacy, authentication, and authorization, all the rest. And it just seems to me as though setting aside the question of non-health products for a moment or services for a moment, one of the things we might want to think about is how to harmonize what's happening in both of those spaces so that, at the end of the day, the consumer can think of their healthcare services, either publicly or privately, administered as being sort of the same thing, and that we don't have these two spheres of the clinical world and the administrative world, which to date rarely talk to each other. Where I think we could – you know, that to me would be a key to make it consumer oriented, a key to make it easier to administer and all the rest. While our task is hard enough, I would hope that we would pick up some of the work that those committees have been doing over the last year and try to meld them where we can.

Aneesh Chopra – White House – CTO

That work is most certainly fed into the policy team that's implementing the legislation, so they're fully aware of that particular input. We probably don't need to pass a resolution calling for the same spirit that says, please make sure you read the stuff we just did because it was helpful over here, and please do that. My presumption is that information has been factored in and, again, it's not all answered in Penny's testimony, but I'm pointing in her direction. That is precisely the facts that have been on the table. But again, there may be alternative pathways for how this proceeds that are not, again, the charge of this group to set, although obviously your point is very, very well taken.

Cris Ross – MinuteClinic – CIO

Particularly from the consumer perspective of understanding what it is.

Aneesh Chopra – White House – CTO

No question about it. Ronan again?

Ronan Rooney – Curam Software – CTO & Cofounder

Just on the first principle here around keeping it simple, and we're talking about enrollment in the various programs. I'm just wondering is it within the scope to be looking at the pre-enrollment stage? I mean, obviously at the enrollment stage, you're thinking about applying for a program or putting somebody on a program like sometimes the first challenge, the first problem is trying to understand the problem before you come up with the answer, which is, get you on program A, program B, or program C. Is that outside the scope of what we're looking at?

Aneesh Chopra – White House – CTO

Let me answer it slightly differently, which is to say, the information one would gather for the purposes of this assessment pre-game warm-up are data elements that will ultimately be needed when the localities

actually implement the application process. And so, to the extent that the irreducible data elements necessary for a locality to render judgment on, are you in this country legally, is your financial status such that you qualify for our particular circumstances in our particular community, that irreducible set of data elements, if we standardize well, could be fodder for innovative applications that ride on top that would have access to that information and theoretically could submit that information electronically.

My presumption is a lot of what we're thinking about here is that the work we do will open up innovation in the way our state, local, and federal partners support the health and human services ecosystem. And if we fail to do that, I think maybe that's bullet number five. Basically establish a platform for innovation where these kinds of standards are available and understood, you could do more value added on top. Yes. I hope companies like yours and others will take that mantra. Jim?

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner

Thanks. On the heels of questions about the irreducible data elements and the work of the policy and standards committee, I just want to raise what for me is always the 800-pound gorilla in the room that not everyone else sees, but I always see it. And that is, of course, you know the policy and standards committee has struggled with the concept of a national patient identifier. And for me, of course, the 800-pound gorilla is always the social security number. I just want to put the issue out there for our discussion. There are policy constraints, but there are also tremendous opportunities depending on how the lines are drawn, both in the legislation, as well as the implementation of the legislation.

Aneesh Chopra – White House – CTO

Point taken. Actually, our standards committee rendered this same challenge, and I think we deferred to Halamka's health URL as the hybrid alternative. Maybe render that for the group's edification. Paul?

Paul Egerman – eScription – CEO

Yes ... comments that Jim just made, and also Cris made earlier because one of the big challenges we have on the policy and the standards side is the absence of a national patient identifier. If one of the deliverables of this group is to address that issue, that could be very exciting. If we could figure out a way to address this issue, we could really change....

Aneesh Chopra – White House – CTO

Paul, I'm so there in spirit, man. I'm like, oh, let's write the rule. Let's get in there. No, this is, I think, the challenge. Most of us who are sitting in this room wear multiple hats, not just technology hats, but we're policymakers in our own right in different areas. What you're suggesting are clearly areas of feedback to the team that's rendering implementation within the constraints of the law. And it's not a technology standards – we don't have the luxury of saying, well, if only you did this, then the standards process is a breeze.

Even though we have every ounce of our body feeling like, gosh, wouldn't that be great. There are those that are charged with implementing within the constraints of the law. They'll take just general public input on these issues. Your points are all very well taken. I would just hesitate that our ability to add value in that conversation is limited because that is not the scope of which we're charged to say that if these business rules are in place, boy, we've got a slam dunk for how to execute this program.

I love Steve's way of framing it. I'm just cautious, and I'm sorry to be the bearer of that bad news on day one, but that's a little beyond the scope. We are not going to be suggesting business architecture or rules that would then make it easier for us to execute on the technology front. But separate and above that, that input is mostly welcome. As individuals, you should share that, as every American would share that

information as the team proceeds with implementation. But for the collective wisdom of this group, we optimize within the hybrid environment in which we operate.

I know it's really frustrating to hear that, and forgive me, on day one, to be Debbie Downer, but my presumption is we'll be better for it, and we'll have a better.... Sam, you have a word on that?

Sam Karp – California HealthCare Foundation – Chief Program Officer

No. I've been in those conversations for many years, and only if we could.

Aneesh Chopra – White House – CTO

Paul, you're quiet. You've got to say a word or two, man. How are you thinking about this? Come on. Paul will be testifying, I think, later today. ...Steve.... Any other final thoughts before we bring up our first panel? Anyone on the phone? I think Kaiser was on the phone?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Ray Baxter.

Aneesh Chopra – White House – CTO

Ray?

Ray Baxter – Kaiser– SVP Community, Benefit, Research, & Health Policy

Yes, no questions. Thanks.

Aneesh Chopra – White House – CTO

You're cool. All right. With that, let's rock and roll. Let's call up our first witnesses, Penny and Alice, if Alice is here. Judy, Claudia, care to do the official bios thing or whatever for the intros?

Judy Sparrow – Office of the National Coordinator – Executive Director

Have them sort of introduce themselves.

Aneesh Chopra – White House – CTO

There you go. We put all this pressure on Penny, so now we're drum roll.

Penny Thompson – CMS – Deputy Director

Exactly.

Aneesh Chopra – White House – CTO

Who is this Penny person? What is she working on?

Penny Thompson – CMS – Deputy Director

Thank you. Hello. I'm Penny Thompson. As I introduced myself earlier, I'm the deputy director of the Center for Medicaid, CHIP, and Survey and Certification. I'm also playing kind of a dual role. I have two masters. One is Cindy Mann, who runs Medicaid and CHIP, and the other is Jan Goss, who is the head of our Office of Consumer Information and Insurance Oversight, which is where the locus of responsibility for exchange implementation resides.

My background is that I had this same job eight years ago as deputy director of then the Center for Medicaid and State Operations. Previously, I'd been at HHS for about ten years working in the Office of Inspector General on program evaluation for both the Medicare and Medicaid programs. In the intervening time, I've spent my time with health technology companies and with consulting services.

Alice Weiss – NASHP – Deputy Director, Maximizing Enrollment for Kids

Good afternoon. My name is Alice Weiss. I'm the deputy director of the Maximizing Enrollment for Kids Programs, a project at NASHP, and I'm also a program director at NASHP. I am here in part, I think, to present on our work with Maximizing Enrollment for Kids and some of the findings we've had related to enrollment and retention in state's adoption of streamlined eligibility and enrollment practices, and I'm also here to represent, I think, Allen Wilde's excellent views on this subject and the work that NASHP has done in other constructions, including our work with states directly through the work with the TIP directors, and other capacities.

In terms of my personal background, I can speak briefly. I have been working on health policy for a number of years with respect to state health policy at NASHP for the past three years and then with respect to federal policy with the Senate finance committee where I had oversight over the Medicaid and CHIP programs on behalf of Chairman Baucus with the finance committee, and also some work on Indian Health issues. I certainly come to the topic with some interest, background, and engagement on these issues.

A side note, I am actually one of the few people working on health policy who understands ERISA, having worked at the Department for Labor for four years, and having engaged with some of the challenges of interfacing private coverage and the way health programs are regulated. So that's my bias and background in this context.

Aneesh Chopra – White House – CTO

Thank you, both. Flip the coin. Who gets to go first? Penny, do you want to go first?

Penny Thompson – CMS – Deputy Director

Yes. I've read Alice's testimony. I think it will be a nice segue from what I plan to talk about in terms of focusing on what the Affordable Care Act requires of us in terms of establishing a new Medicaid and exchange in 2014 because I think that's good level setting. I'm sure that many members of this committee and many members, many folks who are listening have made a deep study of the provisions, but it's useful, I think, to go back and especially pull out those that I think are most relevant for your attention, as you do this committee's work.

Let me talk about the world of 2014. Cris mentioned, how does your mandate overlap with the 2014 world. My personal view is that it makes perfect sense for you all to keep 2014 top of mind. It really is a game changer for how we'll relate to individuals seeking healthcare coverage and can have enormous spillover effects in the larger ecosystem of health and human services programs, both at the federal and at the state level. And I think that part of your deliberations will be inevitably to try to figure out where the sweet spot is between what the exchanges in Medicaid will have to do in 2014 and where the commonality is or the kind of Venn diagram pieces that connect to the other programs over which you could have some jurisdiction. It may well be that you will determine that you won't look to promote standards with regard to every element that affects eligibility and enrollment and exchanges in Medicaid in 2014. But, at the same time, that you would also look towards that larger ecosystem to take in places where there are some significant commonalities.

What I'd like to do is talk a little bit about the provisions in the law that I think are of most significance to you, and then talk a little bit about what the law intends and then maybe end with a little bit of conversation around some of the specific data elements that I think you should perhaps pay close attention to as you proceed with the day and the rest of your work. Starting in 2014, not to state the obvious, but tens of millions of people will receive healthcare coverage, people who were previously

uninsured. And they will do so through primarily two different mechanisms. One is the American Health Benefit Exchanges, and the other is through the Medicaid Program.

Exchanges will provide access and choice among products offered by qualified health plans and will help qualified individuals afford that coverage with premium tax credits and reduced cost sharing. State Medicaid Programs will provide expanded coverage for qualified individuals and will be supported by enhanced federal matching for newly eligible individuals. At the same time, individuals seeking healthcare coverage will interact with a modern system that is capable of providing understandable healthcare options with consumer protections and allow them to qualify and enroll in coverage in a transformed system of eligibility and enrollment that is streamlined, seamless, simplified, electronic, efficient, accurate, secure, and consumer friendly.

Obviously all of those goals can be very much supportive of each other. Sometimes they tug at each other a bit, and that is where we'll have to make some policy and implementation decisions, as we think through where some of the tradeoffs might be. But the statute is quite clear in laying out a set of expectations in all of those different dimensions. So let's talk about the basic outlines first.

Section 1311 establishes the American health benefit exchanges. They must be operational for each state's residents by January 1, 2014. Exchanges are the marketplace where consumers can search for, compare, and select healthcare coverage offered by qualified plans. Only qualified individuals and qualified health plans participate in the exchange. Additional qualifications apply if individuals seek help in affording coverage through premium tax credits or reduced cost sharing, or if they want exemption from the statute's requirements to carry healthcare coverage. I'll talk about those qualifications a little bit more later on how they might relate to your work, but one of those important qualifications is income, which also applies to Medicaid.

This section also lays out the functions of an exchange. Those relate to the qualification of plans to participate in the exchange, the distribution of consumer information around plans, the qualification of individuals to participate in the exchange or other state subsidy programs, which we'll talk about in a second, and determinations of exemption from an individual responsibility or requirements. Exchanges are funded with federal grants until 2015, at which point they have to become self-sustaining, and the federal grants have to be issued no later than one year after enactment, at least the first round of federal grants. An exchange may operate in more than one state, if the state agrees to it and the secretary approves. Exchanges must be government agencies or nonprofit entities established by the state.

Section 1321 requires the secretary to issue regulations as soon as practicable about the establishment and operation of exchanges and the offering of qualified health plans, reinsurance and risk corridors, and other requirements in the statute. States must establish exchange. States that establish exchanges must comply with those federal rules and have an effective state law or regulation that the secretary determines implements the standards within the states by January 1, 2014. States must elect to establish an exchange using a process established by the secretary. If a state does not elect to establish an exchange or if the secretary determines prior to January 1, 2013 that the state will not be operational by January 1, 2014, or has not taken the steps that the secretary deems necessary to implement the requirements, the secretary establishes the exchange on behalf of that state's residents.

On the other side, the Medicaid provisions in 2001 and 2002 expand coverage under Medicaid using an income standard across the nation, applied to the federal poverty level for individuals under 65 not qualifying on the basis of disability. As I mentioned, states receive enhanced match for those newly eligible individuals. The important point I'd point out there is that while Medicaid and the exchange operate in a world that's very consistent between the two. It's not 100% aligned, which is that in the

Medicaid world, there are still individuals whose eligibility for Medicaid would not be determined on the basis of the income methodology that would apply to others in Medicaid or to individuals seeking premium tax credits or reduced cost sharing in the exchange.

There are always exceptions. Nothing is 100% or perfectly consistent. That's true here in the statute, although we see a significant amount of overlap between how the exchange will determine if people qualify for assistance and how Medicaid will do it. Therefore, the statute clearly envisions that as people seek healthcare coverage, they will do so in multiple ways without necessarily knowing whether they're looking for an exchange plan or qualify for premium tax credits or reduced cost sharing, or if in fact they are Medicaid eligible and could become enrolled in Medicaid or CHIP.

At one income level, they might be eligible for Medicaid. At another, they might be eligible for premium tax credits under the exchange. And, on both sides of that equation, multiple views of income are relevant. So there's income, as defined by a modified list, adjusted income in terms of what you filed on your tax return. There's also the income that you have at a given point in time, or income that has changed dramatically since the time that you filed your tax return.

Therefore, it's multiple ways of looking at income will affect whether or not you're eligible or not for either Medicaid or for an exchange plan or for a subsidy for the exchange plan. As a result, the statute spends considerable time dealing with how the system must be configured to provide a seamless, streamlined, and customer friendly experience for individuals seeking coverage while delivering accurate information to program and beneficiaries. Let's talk a little bit about what the statute specifically says about streamline, simplified, and seamless.

I'll draw your attention to Section 1413, which talks about the fact that the secretary has to develop and provide to each state a single, streamlined form that can be used to apply for qualified health plans, including premium tax credits and cost sharing reductions under the exchange, Medicaid, CHIP, and the state basic healthcare program that can be established under Section 1331 of the Act. A state can develop its own form so long as it meets the standards established by the secretary. However, states may also use, again, always exceptions, that we talked about the fact that for Medicaid, not everyone is going to be deemed eligible on the basis of the income methodology established by the Act. Therefore, states may use supplemental alternative forms for those individuals who apply for eligibility whose eligibility is not determined on the basis of household income. For example, in some of the aged, blind, and disabled populations within Medicaid who are excluded from the household income standard for eligibility, they may have to complete different forms or have supplemental forms.

Section 1413 also provides that if an individual applying to an exchange is found through screening to be eligible for Medicaid or CHIP, the individual is then enrolled. Section 1413 should be read in conjunction with Section 2201. That's in the Medicaid section, which also reiterates and reaffirms the fact that states must establish procedures to enroll without any further determination by the state, individuals who are identified by the exchange as being eligible for Medicaid or CHIP. It also requires states to insure that individuals who apply for, but who are determined to be ineligible for Medicaid or CHIP, are screened for the exchange, and then enrolled in the exchange and an exchange plan without additional information.

There's this view that people will come into multiple doors. They will come into an exchange door. They will come into a Medicaid door. And in either instance, that agency or system must be able to make a determination on behalf of the other and exchange that data for the purposes of enrollment without going back to the individual and saying, you came in the wrong door. Go back and go over to this other door. So Sam and Aneesh's comments about making this system work for the individuals seeking coverage

and placing the burden on a system to figure out where that person belongs and getting them into the right swim lane is reflected in the precise statutory language that we see in the Affordable Care Act.

Section 1413 further requires that exchanges, Medicaid, CHIP, and Section 1331 plans develop a secure, electronic interface that allows for the exchange of data for a determination of eligibility for all programs based on a single application, and that interface has to be compatible with the way that that data is exchanged for the purpose of verification, which I'll talk about in a second. Again, the ACA is very sensitive to the fact that people will seek health coverage in multiple ways and the burden is on the program and on the system to work in tandem to move their information to the right place without additional burden on them. It also provides for multiple channels and methods of seeking healthcare coverage. Section 1413 explicitly states that the streamlined form must be able to be filed online, in person, or by telephone, and it may be filed with the exchange or with state officials operating the Medicaid, CHIP, or 1331 plan. Not only is it possible for people to come in multiple doors, but the statute explicitly provides for the fact that that must be supported.

I can't remember who it was that was asking about Internet portals. That was Anne, I think, talking about the Section 1103, which sets a requirement for the secretary to establish an Internet portal, the first iteration of which will be rolled out on July 1st. The statute also places requirements on both exchanges and Medicaid agencies to operate Internet portals that are linked. It asks the federal government to continue operating its 1103 portal and linking that to these other portals as well. Section 2201 in the Medicaid section specifically requires that states must have a Web site that allows for individuals to apply for medical assistance, to be enrolled, to renew enrollment or to consent to enrollment or enrollment through electronic signature.

The statute also contemplates that the same electronic transfers of data that will ease burden on individuals seeking coverage will also assist in promoting the integrity and accuracy of eligibility determinations. There are a lot of sections and a lot of statements made about how verifications occur. Section 1411 outlines a set of required verifications that the secretary of HHS must enable with the Social Security Administration, with Homeland Security, and with the Department of Treasury. And it specifies the data elements that have to be exchanged with those entities to identify inconsistencies.

Those required verifications are intended to identify any inconsistencies and information supplied by individuals concerning their citizenship, their immigration, their household income, their family size information, which affect their qualifications to participate in the exchange and to apply for premium tax credits and reduce cost sharing. Any inconsistencies that are exposed through those verifications triggers a specified set of steps for resolution with the originating data and with the individual and are subject to appeal.

Section 1413 requires that the exchange, Medicaid, CHIP, and 1331 state health benefit plans participate in a data matching program and use that program to establish, verify, and update eligibility for participation in the program. It also asks such programs to use reliable, third party information, including information specified in the Social Security Act. The statute mentions Section 453i, which is the national directory of new hires, and the federal locator ... federal parent locator service. Section 1137, which is in the income and eligibility verification system, and Section 1942a, which includes express lane, eligibility files, vital records, and so forth, this section says that after consulting with stakeholders, the secretary must promulgate standards governing the timing, the content, and the procedures for such data matching.

It might be useful in your deliberations and conversations, as you've already discussed, to identify and consider what data elements or domains are relevant for how individuals come in and qualify for different kinds of participation in the healthcare system in 2014. Again, once you've mapped that, which I would

assume you would want to do, and we can assist with that in terms of looking at what the statute requires, because it does spend some time specifying specific data elements with regard to what gets matched with what kind of system and what people have to provide in terms of their applications that, again, you can put that up against some of the other work that you're doing to look at what other federal health programs or human services programs might need, and identify those places of commonality as a way of prioritizing your work.

In the ACA, we would think or are starting to think of this in basically four different buckets. There's one bucket, which is how you qualified to participate in the exchange. Then the second is how you qualify for premium tax credits or reduced cost sharing. The third is how you qualify for Medicaid, and that will have multiple pieces to it, a national piece and a state specific piece. Then the fourth is whether you qualify for exemption from the personal responsibility requirement. It might be useful to look at the statute in terms of all of those different kinds of buckets.

But in the first category, I'll just point out to you that you've already talked about some of these elements. State of residents matters in terms of a person's ability to come in and participate in the exchange. You've mentioned citizenship and immigration status. The other one that I would point out to you is incarceration status, which has always been quite tricky. So that would be an area in which I'd potentially draw your attention. In the second category in terms of eligibility for premium tax credits and reduced cost sharing, we have income, and I mentioned there are different views of income that will be required, but income as a data domain, probably all to itself, household and family size, marital status, employment status, employer, those kinds of things come into play when looking at whether one qualifies for premium tax credits and reduced cost sharing.

For Medicaid, we have a significant overlap with that second category along with age, and then a series of other items for individuals whose eligibility is not determined by the new income methodology. And then, in the fourth area, there are items of relevance involving membership in an except religious sect or division, Indian status, a health sharing ministry, length of non-coverage, and percent of income consumed by medical costs. And I would also reinforce the idea that for all categories, identity needs to be established authoritatively.

The requirements established by the Affordable Care Act with regard to the world of 2014, they are challenging, to say the least. But they're achievable, and we look forward to working with states, consumers, plans, employers, and other federal agencies and many other stakeholders to bring this world of 2014 to fruition. We can imagine a number of ways in which we might move down this path towards 2014, but all of them require that core eligibility data be collected, exchanged, interpreted, and communicated in a way that is standardized across multiple programs and systems. And, in doing that, we want to be sure to enable communication with other federal health programs and with state human services programs that are also available and of interest to those seeking healthcare or whose income or status might qualify them for other assistance and support. So we consider the work of this committee to be vitally important, and we look forward to additional conversations and your eventual recommendations.

Aneesh Chopra – White House – CTO

Penny, thank you. Sam and I decided that we wanted to hear from Penny and Alice, and then we can open it up for conversation. Is that right? Alice, do you mind?

Alice Weiss – NASHP – Deputy Director, Maximizing Enrollment for Kids

Good afternoon. Again, my name is Alice Weiss, and I'm the deputy director of Maximizing Enrollment for Kids Program at the National Academy for State Health Policy or NASHP, a nonprofit, nonpartisan

organization dedicated to improving state health policy and practice. Thank you for the opportunity to speak today.

Maximizing Enrollment for Kids, for those of you who don't know the project, is a 4-year, \$15 million initiative funded by the Robert Wood Johnson Foundation that aims to help states increase enrollment and retention of eligible children in Medicaid and CHIP. Drawing from our work with the eight leading states participating as grantees in this project and NASHP's other work, I'll provide a perspective today on where states are today, where they should be going, and opportunities for your workgroup to help them get there. My testimony today draws heavily from a recent report summarizing findings from our assessment of grantee states' enrollment and retention systems. I've also provided a report for the record of this meeting.

Where are state enrollment and retention systems today? Today's states find themselves at a critical crossroads in their efforts to streamline and simplify eligibility and enrollment. Many states have made and continue to make significant progress and, in a number of leading states, streamlined Medicaid and CHIP enrollment is setting the standard by which new systems will be judged. However, streamlined enrollment systems and procedures are not widespread among Medicaid and CHIP programs, and even among the leading states, very few if any appear to meet all of AHCA's high standards for enrollment and interoperability that your workgroup is charged with creating.

In thinking about where states are today, it is worth noting four key observations. First, implementing the breadth and scope of AHCA's simplification standards will require substantial change for most states. AHCA mandates your workgroup to develop protocols and standards under which states would be able to electronically match federal and state data to determine eligibility, accept documents and verify eligibility, use existing data to renew coverage, and allow individuals to manage their information from multiple locations. While we lack complete data for adult populations on a number of states that have implemented these types of strategies, data from our recent survey of CHIP programs and what we are learning from our work with leading states in Maximizing Enrollment for Kids, suggests that most states have a long way to go.

CHIP programs are newer, smaller, nimbler, and more likely to have adopted simplification strategies than Medicaid programs. But even among CHIP programs, just about half or less of the states have adopted any one of these simplification strategies. Online applications can now be submitted in at least half of the CHIP programs. Of these, four states allow applicants to get a preliminary determination of eligibility online. Saving and storing eligibility information online of the applicants can be done in at least 12 CHIP programs. Third party data matching to verify income eligibility is used in at least 13 CHIP programs, and applicants can submit documents electronically in at least four CHIP programs. And this is out of the 46 states we heard from in our survey out of the 51 CHIP programs, so you can get a sense of the scope of adoption.

Among the eight Maximizing Enrollment for Kids grantees, we have more detailed information, and there is broader adoption of AHCA's streamlined enrollment strategies, but use of these strategies is still not universal. I have a detailed list of how much they're adopted in my testimony. I'm not going to – my written testimony in your packet. I'm not going to go into great detail here, but I will note that online applications are available in all but one state, but applicants can only submit electronic signatures to submit their applications electronically in only half the states, to give you a sense, a perspective of the scope. Our states are more often more likely to accept and use electronic case records to manage information, and they're more likely to be using single client identifiers across the states. But still, there are many, many opportunities for improvement.

I should also mention noting a point that Penny was making regarding the use of this no wrong door policy that a number of our states have successfully implemented this type of approach and have seen some dramatic success. Most notable among them are Virginia and Massachusetts.

One notable exception in states' relatively low rate of adoption of electronic tools for enrollment and retention is the new Social Security Administration state verification and exchange system, SVES option under CHPRA that allows states to verify identity and citizenship electronically. At least 28 states' Medicaid and CHIP programs are either using or testing this electronic data exchange, and preliminary experience has been very positive. With states experiencing the new strategy is simple to start up, easy to use, providing some administrative savings and lowering the burden on applicants.

The Social Security Administration reports an average positive mature rate for submissions of approximately 94% of applicants submitted. And I see Paul Swanenburg here, and I know he'll probably expand on this in his testimony and comments. However, apart from this exception, most state Medicaid and CHIP programs will likely have to make substantial changes to insure they are ready for the systems changes needed by 2014.

Second, to quote Ruth Kennedy, simplification isn't simple. Change, even small change, requires a lot of work, time, and staff resources. States often need legislative or regulatory action before they can begin to implement procedural change. Even once they enact or regulate policy changes, there are often bureaucratic hurdles that can slow down the implementation process. In many cases, CHIP and Medicaid are not in the same agency or are separate from the eligibility agency, often the welfare agency, making the implementation process very difficult to coordinate.

Eligibility agencies often have their own priorities, and simplifying health program enrollment does not always jive well with their interest in taking a harmonized approach to all programs or always rank as high as other priorities like minimizing fraud. Implementation can also get entangled in political opposition related to costs or fraud or require time intensive coordination with stakeholders or the legislature. For example, one state worked with outside stakeholders on a small, but important change to their application for nearly two years. While the resulting application was better, it took so long to implement that it will quickly be displaced by a new, online version of the application that the state is developing.

Local control creates challenges for states and can undermine efforts to implement change quickly and consistently. Local agencies, either counties or municipalities, often lack the resources needed to invest in change, or their resources vary widely. In some cases, local agencies are controlled by counties or municipalities, and do not share the priorities of the state governments seeking to implement simplification. In other cases, the local office workers are employed by the state, but implementing statewide changes can be resource intensive and states struggle to monitor implementations and insure accountability. In either case, local control creates new wrinkles in state efforts to promote interoperability.

Third, and perhaps most significantly, state eligibility systems are often antiquated, unable to talk to other eligibility systems, require expensive and complex workarounds to adopt, and would require a significant investment of staff time and resources to upgrade. Our diagnostic assessment of state enrollment and retention systems cited the use of a single client identifier and a single or compatible information system across programs as two key successful strategies that were aiding state efforts, and that reliance on Medicaid legacy systems presented significant challenges to our states in moving forward. Among the Maximizing Enrollment for Kids states, about five of the states use a single identifier and about half the states use a single or compatible information system across sites. Most state eligibility systems are outdated, and upgrading them will be costly.

While some systems have been updated, some are much older. In some cases as much as three decades old. States will either have to pay for upgrades or completely revamp their systems to build the type of interoperability expected under AHCA's new standards, which could cost hundreds of millions of dollars in the worst cases. Even states with newer systems will need to create workarounds to make them operable for health reform implementation, given the magnitude of change contemplated.

To put it simply, the types of eligibility system changes being required by AHCA are vast and deep and states' current eligibility systems are not prepared to handle them. Many state systems do not now routinely exchange data, but AHCA will require continuous transfer of eligibility data, not just between Medicaid and CHIP, but also with the exchange and other entities. Today, in many states, only the Medicaid agency can determine eligibility. By contrast, AHCA will require exchanges to screen and enroll for Medicaid eligibility and states to accept the exchange's determination, requiring the state to set up new rules for Medicaid determinations by an outside entity and accept eligibility determinations from outside entities. As Penny noted, there's also the need for states to be able to determine exchange eligibility as well.

Today, Medicaid agencies have complex rules for documentation of income, resources, assets, and income disregards. In a post reform world, they will have to create an entirely new eligibility system to provide parallel eligibility determinations for most adults, children, and pregnant women under the new, modified, adjusted, gross income or MAGI rules, while other populations are still subject to the old eligibility rules. States will also need to retrain programmers, analysts, and caseworkers on the new rules, which is costly and time consuming. Any one of these changes would prompt a system overhaul, but the combined effect of these changes creates a perfect storm that could overwhelm states without significant additional resources to help them plan for and fund changes.

The challenges states face in updating their eligibility systems are exacerbated by the absence of focused federal financing and policy support for change under current law. Today, state Medicaid claims, data systems are funded at a 90% federal mature rate for creation and a 75% federal mature rate for maintenance. ARRA HITECH Act provisions created significant new investments in state and private efforts to organize electronic health record data for clinical oversight and quality improvement, allowing states to claim for meaningful use of this data.

By contrast, eligibility data systems are not subject to more favorable federal financing or special grants under current law. States that seek to improve eligibility systems can only claim a 50% federal match through Medicaid's administrative services matching rate. And, although AHCA provides an opportunity for the secretary to provide new grants to states to develop new or adapting existing technology systems in light of these new standards, the bill failed to identify or appropriate a specific amount of funds, leaving states uncertain as to whether the funding provided will be sufficient.

Finally, state resource limitations cannot be overstated in any conversation about policy change. States are experiencing some of the worst budget crises on record and are facing hiring freezes, mandated furloughs, pay freezes, and an aging workforce that will be retiring with few ready, experienced replacements. Even in Medicaid and CHIP agencies where programs have been relatively protected, the ripple effect of staffing shortages and the difficulty of working with other agencies strapped for resources have created an environment where many state agencies feel stretched thin. While states continue to press forward in their simplification efforts, many states feel they lack the staff, expertise, vision, and financial support they need to make the dramatic changes contemplated here.

What should the future look like for state enrollment and retention systems? The future of state

enrollment and retention systems must include streamlined enrollment in a modernized, interoperable system that promotes interagency coordination and is seamless to individuals and families. In short, it is not unlike the vision that Penny just outlined. First and foremost, enrollment must be simple. It must be easy, accessible, rapid, and include real time functionality that allows state systems to pull data from multiple sources to expedite eligibility determinations while minimizing the burden of documentation for individuals.

The principle of government agencies working together to minimize documentation burdens for citizens should apply. In a rules based environment where documents can be scanned, stored, and used for multiple applications, a pay stub documenting income for Medicaid should be accessible to the exchange entity as well. Individuals should be able to sign applications and submit online or over the phone, as they can do in a few states now. Accessibility means applications are available in multiple formats, including paper, telephone, online, and multiple sites, including urban and rural areas, at community based organizations, or provider offices. Applications should also be available in multiple language and translation services should be available for rare languages and to answer questions.

While technology can improve accessibility, we cannot overlook the value of the human touch in improving enrollment. Early anecdotal experience with online enrollment among some of the Maximizing Enrollment for Kids states suggests that while significant population is ready to embrace new technologies like online applications, individuals submitting applications online may be at greater risk of making mistakes in the application process that can delay their application from being approved. Even the best technologies cannot replace the importance of individuals having personal assistance in applying and navigating the process. And whatever assistance is provided must accommodate the varying needs of the beneficiary community, including translation services for limited English proficient groups, and accommodating special needs and disabled populations.

In a modernized, interoperable system, eligibility systems will talk to each other without the need for additional steps to allow for eligibility data to flow from one system to another to verify eligibility. States and federal agencies will be able to work together to promote secure information connections that will allow eligibility data to flow freely without a risk of private information being inadvertently shared publicly or running afoul of state and federal privacy laws. State agencies will work together within a unified data system that includes a single identifier for tracking individuals across programs.

State eligibility system improvements will be supported through both substantial federal financing for development and upgrades and the availability of either a uniform platform or open source technology for states to use, so Medicaid wouldn't waste millions of taxpayer dollars on recreating different eligibility systems in 51 jurisdictions. A modernized system will enable states to integrate eligibility systems for programs horizontally, including Medicaid and CHIP exchange coverage and social programs, for example, TANF, SNAP, free and reduced school lunch program, LIHEAP, and others. There's no reason why the rising tide of streamlined enrollment for health coverage shouldn't lift all boats to improve enrollment of eligible, low-income citizens into all of these programs.

Future enrollment systems will also be seamless to the individual applying. Individuals will be able to apply at any agency and have the application considered and determined with minimal processing. Individuals who become eligible for another program will be automatically transferred and enrolled with little or additional documentation.

Where additional information is needed, the burden will be on states to prove eligibility, and they will embrace the opportunity to enroll eligible individuals. States, to the greatest extent possible, rely on existing data to renew eligibility. Seamless enrollment will also insure that the process for families to

apply and enroll in coverage is simple and manageable regardless of the type of coverage or the citizenship status of the eligible individuals. The challenges of managing families with mixed coverage eligibility and immigration status will be significant, but these must be overcome to insure the new system is delivering its promise of improved access to all.

How can this workgroup accelerate the progress towards these goals? This workgroup has an opportunity to move the nation's eligibility system forward toward this lofty vision in at least four concrete ways. By promoting methods for states to easily adopt new system protocols by bringing states together and hearing their concerns directly, by encouraging changes that build on existing programs, and by providing support for appropriate and timely funding and other resources to help states implement the protocols.

First, this panel should recommend methods for states to easily adapt their eligibility systems to conform with these new requirements and promote interoperability. To accomplish this goal, the panel could consider recommending the federal government pursue a number of options including building a prototype system that could be shared and adapted by states, developing a new system platform with minimum requirements that could be available through open source technology, or contracting exclusively with a limited number of technology contractors to provide states with more defined paradigms as to what is needed to meet new federal requirements.

Although states have historically fought flexibility in health programs, as they confront the need for so much change so quickly, coupled with uncertainty about design needs, they are increasingly calling for uniformity and would likely embrace more of a one size fits all approach to minimized confusion and expense. However, any system that is built for states must meet a number of important specifications. Must allow for streamlined data sharing with states in the new MAGI environment, which means exchange between state agencies and the Treasury Department for annual tax data.

It must address challenges in how to handle changes in circumstances during the year, and help programs assimilate the goal between a monthly eligibility program like Medicaid and annual tax data upon which the eligibility will be derived. In addition, whatever system building option is chosen, states will need a lot of lead time to plan, procure, implement, and train workers on the new system. The need for guidance and action in this area is imperative.

Second, this panel should seek opportunities to include states as directly in the development and implementation protocols as possible. Having representation on the workgroup by a number of current and former state officials is a great start, but there's no substitute for having a more direct conversation with the states who will be implementing these requirements. Soliciting feedback on top state priorities for these standards should be a component of the workgroup's agenda, including addressing barriers states may perceive in implementing reform.

Third, the workgroup should promote challenges that build on existing structures that are working. If we have learned nothing from our experience with implementation of CHIP more than a decade ago, it is that developing a new program separate from agency structures poses challenges to integration. Although there have been many benefits from CHIP's relative independence as a program, one significant drawback has been the new silos of coverage and program management it created. Any post reform eligibility systems should, to the greatest extent possible, build on existing systems and work to promote integration.

This workgroup could greatly aid this effort by recognizing and affirming that states do not need and, in many cases, should not establish a separate exchange outside of existing Medicaid and CHIP programs,

and should instead work to create a more integrated system overall. Silos are expensive, burdensome, inefficient, and have no place in a modernized eligibility system. Your workgroup should implore states and the federal government to operate under the principle, first build no silos.

Finally, as discussed above, states need substantial resources to implement the dramatic changes being contemplated. The most urgent priority is insuring states have access to funding to support these goals, either through the grants outlined in AHCA or through our legislative or regulatory interpretation that allows them access to a more generous federal maturation for eligibility system improvements in Medicaid and CHIP.

Although funding is key, it is not the whole picture. States need technical expertise, which could be provided at the federal level through technical assistance providers. They need more assistance in planning for change, and they need the opportunity to learn about federal requirements, opportunities, and best practices. This workgroup's recommendation should acknowledge and support these needs.

In conclusion, the charge for this workgroup's contribution to health reform and implementation is challenging, but also critically important to ... success in insuring the promise of improved access to health coverage for all Americans. NASHP looks forward to working with you in advancing these goals and stands ready to assist your efforts. Thank you.

Aneesh Chopra – White House – CTO

Alice, thank you very much. We're going to now take questions from the group. Reed, I think you're going first, and then Deborah.

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

...presentations on really very detailed, concrete stuff, and you both got through it incredibly well. Penny, could you just, for those of us who are sort of newer to this than others, describe the control valve mechanisms in your presentation. There are a lot of things that states are supposed to do. The secretary has authority to require a whole bunch of things. Where are the levers of control in monitoring to make sure they do what they do, especially given Alice's presentation, which is, I really appreciate the fact that you're asking us to do all these things. By the way, this is really hard and complex, and we don't have any money. I'm sort of living in a – I feel a little like I'm in a schizophrenic universe after having heard two wonderful presentations.

Penny Thompson – CMS – Deputy Director

Thanks. That's a great question. Let me take the two sides to the coin. On the one hand, on the exchange side, as I mentioned, the exchanges are supported with federal grants up until 2015, at which point they become self-sustaining. Those federal grants can come with conditions.

There are milestones that one assumes would be associated with continuation of those federal grants. The statute specifically requires the secretary to establish some of those kinds of milestones in order for her to make a determination about whether an exchange is making sufficient progress to have confidence that they'll be up and running on January 1, 2014. That's one important set of control levers to look at whether or not states are able to accomplish what they need in the time that they need to in order to be available when they need to be.

On the Medicaid side, we've had a long history, and it's spotty, of attaching conditions to the federal funding that we do supply for systems modernization and for operations. I think that we would expect and states should probably expect to see some additional conditions and details associated with that to give

us sufficient confidence that that's standing up. I think though Alice's points are very well taken about where states are in terms of just available resources.

Sometimes we sit and talk with states about what they have in front of them. We outline all of these different provisions under the Affordable Care Act, and then we say oh, by the way, don't forget you have to implement ICD-10. You have to implement 5010. You have to still do NPI in some cases, and there are other requirements within the Act that will affect systems and people who do IT. There are many such provisions in the program integrity section that will require systems changes. Many of the payment reforms or other coverage changes will require additional changes within claims systems. So this isn't all that states have to do.

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

Yes ... just one quick follow up. Let me just make sure I get it. Let's say that there is a state that is less eager than we all are to do an HIE. They just don't have the same passion. Therefore, they say, well, I'm sorry. I don't want your money, the provisions, and so I'm just not going to – in other words, does the secretary have any juice that sort of pushes a state—you will do some of these things—or can the state from their no's or be slow out of the blocks?

Penny Thompson – CMS – Deputy Director

The statute specifically says that if a state does not elect to provide an exchange, the secretary will do so, so it actually provides a control in the sense that every state's residents will have access to an exchange. If their state stands it up, elects to do so, and makes progress according to the secretary's milestones, then that's great. But if not, then the secretary will establish an exchange so that everyone has access to that capability.

Aneesh Chopra – White House – CTO

We're going to go Deborah, Cris, and then Gopal.

Deborah Bachrach – Bachrach Health Strategies – President

...the first is you went through a long list of requirements in the Affordable Care Act that require Medicaid to interface seamlessly with child health laws, the basic health plan, and the exchange plans and these subsidy populations. Are there comparable provisions with respect to the relationship between Medicaid and social services programs? And I ask that because of something that was raised early on in this meeting and because of the wording of our mandate to facilitate enrollment into health and human services programs and the Affordable Care Act focuses, I think, on health information programs.

Penny Thompson – CMS – Deputy Director

That's correct.

Deborah Bachrach – Bachrach Health Strategies – President

My question would be, are there comparable requirements with respect to the interface with social services programs?

Penny Thompson – CMS – Deputy Director

There are not in this Act.

Deborah Bachrach – Bachrach Health Strategies – President

And I think that obviously would have some relevance to where this body is going. My second question goes to the underlying business model. As states try to implement what both you and Alice have explained is really a Herculean task. It will be made easier to the extent we do rules that apply, the

eligibility rules, the enrollment rules. And I know we can't go into the business model, but could you give us some information about your thinking on ways to streamline the underlying rules themselves that we will have to implement through the electronic exchange of information?

Penny Thompson – CMS – Deputy Director

I would say it's still early for that conversation. Many of the aspects of the statutory language require careful reading and consideration about how things work today and what kinds of policy issues those might raise as a result, as we move towards 2014. I think Aneesh said, we never do these things in like a perfect sequence where we establish all the policy decisions and then the business requirements. I've yet to encounter actually any process that actually works in kind of the order that the sort of a systems development and deployment chart would say that we should march to. I think there'll be a constant interplay between some of what you guys are looking at here, some of what we're raising internally about how things might get defined or how policy matters might get resolved and would expect there to be sort of a continuing iteration among those different domains, as we march forward.

Deborah Bachrach – Bachrach Health Strategies – President

Thank you.

Aneesh Chopra – White House – CTO

We've got Cris ... Gopal, and then I'm going to go Rob and Terri.

Cris Ross – MinuteClinic – CIO

...go to our cochair first.

Aneesh Chopra – White House – CTO

No, he's cool.

Cris Ross – MinuteClinic – CIO

All right. That's good. Apparently he is. Alice, I wanted to follow up on some of the things that you talked about. The challenge of the states and their funding is pretty daunting, and when you describe it, it seems like it could be a significant challenge. And because you're close to it, you know a lot about it.

I guess my question is though whether the problem is significant enough that we might look at it in some different ways. I know that states look at determination and management of eligibility in the human services departments as one of the core things they do. It's really part of their identity and their sole mission. At the same time, implementing technology at the edge to get to a standard form is sometimes the most expensive way to do it to make every system change. In other words, if we're going to issue a key to everyone who is eligible and ask absolutely every single agency to implement an identical set of locks, it might be more difficult than trying to establish a door with one lock and one key set that could be used for multiple purposes, right? I think, in some ways, that's what is hoped for in here.

Do you see innovations going on in states or things that you might suggest that might make it easier for states to accept the idea of sharing eligibility management or for doing it in common with other programs, or potentially doing it in common with other states that they could share, for instance, identity management, but not eligibility determination before Iowa is different than Indiana, but identifying someone by name, address, zip code, gender. Those kinds of things perhaps could be done in common. So I'm really interested to hear whether there's experience that you might have in where we don't have to revamp absolutely every single MMIS system to do every single attribute of eligibility and identity management.

Alice Weiss – NASHP – Deputy Director, Maximizing Enrollment for Kids

I think that's a good question. I think sort of anecdotally from our experience with some of these states in Maximizing Enrollment for Kids, we see some very promising practices, and the one that's immediately coming to mind is in Massachusetts. They're looking at, and this is still in the planning stages, so I hope I'm not speaking out of turn, but the possibility of trying to centralize some functionality. I think other states have done some of this where they basically try to say okay. We know that we and the welfare agency share a certain number of people in common. Instead of everybody trying to do their own way of moving forward on accepting documents electronically or having that happen on parallel fronts, let's try to centralize that functionality and instead sort of say, we're going to receive documents centrally, and they can then be made accessible, in some cases through workarounds, to other systems that need that documentation. That's an example of some type of proficiency where you don't necessarily have to recreate all the underlying systems, but then there's an opportunity for shared purposing of work.

In terms of the work across states, I guess the example that's coming to mind, and I don't know if it's the right one, and there are probably other people around the room who know more about this than I do, but it's just the idea of I know through implementation of the Deficit Reduction Act, Medicaid Transformation Grants, there's been some investment in states' capacity. This was before the creation of the option under CHIPRA for states to use the Social Security Act identification system for citizenship and identity. But there was some investment in states' capacity to have this electronic exchange around vital records and information. I think it's known as EVVE.

There were a number of states that have implemented it, and there's some track record of how it's been working. As I understand it, and we had a recent Webinar on this. It seemed as though when states have to use this process, it can still be expensive, even though it's intended to be sort of a superhighway of information. But there are some precedents, and I think states have been looking at opportunities to do this simply among state agencies and across states where there are opportunities, but there are a lot of hurdles.

I mean, the thing that I hear the most about, to be perfectly honest, is just a lot of states get really nervous about HIPAA privacy protections and their own state privacy laws and the extent to which they're run afoul of those. And to the extent that you all could think about that as an issue, as you're thinking about standards, I think it would be really useful because imagine in 51 jurisdictions, you have your legal council coming up with a different conclusion about whether or not HIPAA provides a concern here or whether or not their state law would be a concern. If you can create safe harbors, I think that's really useful.

Aneesh Chopra – White House – CTO

A tsunami of flags appeared, so let's start with Gopal. I'm going to make an executive decision. We're going to actually hear two questions in case they may be parallel, so the responses can come in. So we'll do, Gopal will say his comments, and I think, over here, Stacy was next. So if you each both present your question, and then you both will have to figure out how to respond ... little more efficient in how we raise these questions.

Gopal Khanna – State of Minnesota – Chief Information Officer

You talk about tsunami ... tremors I'm feeling. You're giving me the California experience. I'm from Minnesota, the land of 10,000 lakes.

A couple of parts: Excellent presentation, Alice. You have done a remarkable job in capturing the state's posture and position and the challenges as well. Just trying to limit ourselves, Mr. Chairman, within the scope of the policy ... where we are, one underlying component is funding and the incentives that might be there to allow innovation. Is it something that we could be discussing as part of this group is to say

how we could use the current flow of funds without seeing additional moneys are needed for a major transformation or doing, again, establishing interoperability, etc., that is required?

Are there ways that – what concerns me is what Penny also said. There may be more guidance and rules coming, and that the darn challenge is to keep on perpetuating from a funding model perspective the siloed approach, while what we're talking about is a more horizontal view of government, both within the system. And without that as a basic principle, I'm not really quite sure how we can go about it, so it's a statement as well as a question as to has that been thought about, Alice and Penny?

Aneesh Chopra – White House – CTO

We're going to hear the second comment and then come back. Stacy?

Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy

My question has nothing to do with that, so if someone else has a related question, I'm happy to defer. No one is stepping forward. Okay. I wanted to first of all thank you both. Those were excellent presentations, and I learned a lot.

I wanted to go back to, I guess, the core principle that Aneesh talked about, which is the customer, which both of you talked about as well. And while we're looking at horizontal integration across multiple programs, which potentially raises multiple customers, just going back to AHCA, which is the purpose here is to talk about simple, streamlined, accurate enrollment in Medicaid, CHIP, and the subsidies for the exchange, which is a longer identifier, but those three things. I'm just trying to get a sense of the customer.

My sense in listening to you and looking through the law is that Medicaid is the overwhelming number of people who will receive coverage under current rules and the expansions under AHCA versus the other two. But just can we for a second spend a minute understanding who is the, I guess, what share of our customers fall into these various categories, because that helps understand the horizontal integration. I helps us understand.

Penny Thompson – CMS – Deputy Director

I think the estimates are that about half new covered lives will come in under Medicaid, and about half through the exchange.

Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy

But plus existing Medicaid who get covered by all of these, we have tens of millions of people currently on Medicaid.

Penny Thompson – CMS – Deputy Director

Yes. That's correct. Those are in terms of the newly eligible people, so when we add the current Medicaid population to that, Medicaid becomes a significant payer in the environment. I don't have figures handy right here, but we can share the figures we do have.

Aneesh Chopra – White House – CTO

On Gopal's question, part of the reason we have Gary Glickman on the team who joined us, Gary is overseeing a program in the Office of Management and Budget, which is to try to think about horizontal strategies for human service programs. His perspective and thinking will be helpful to this group. I'm not envisioning this group making formal recommendations on funding streams. But to the extent that it's helpful for our deliberations and thinking about the world in which we're operating, that's one of the

reasons why we've invited Gary to participate. Did either of you have a comment on Gopal's question as well?

Alice Weiss – NASHP – Deputy Director, Maximizing Enrollment for Kids

Well, you know, there's historically been this division between claims, how states finance for their claims systems and how they finance their eligibility. I think that was historically perhaps a concern about states overdeveloping the muscle and over-draining federal financing for this. But at the same time, I guess, if there's any way that either federal regulators, HHS, CMSO, the old CMSO, now it's CMCS, or through some other means, people could rethink either the financing that exists, you know, the 90/10, 75% type match rate that's available for claims data systems, or if there's any opportunity. I mean, we were sorry to see, through ARRA HITECH, that there wasn't an inclusion of these types of systems because I think it would have been an amazing opportunity for states to be modernizing and trying to move on a parallel track, as was raised at the beginning. It doesn't have to be a missed opportunity. If there are other ways of reinterpreting or re-imagining some of those financing streams, I think that would be really useful.

Aneesh Chopra – White House – CTO

Back on the schedule we had. I think we went Wilfried. I'm going to go with two over here, Wilfried and Terri, and then we'll come back on this side.

Wilfried Schobeiri – InTake1

This may be a little out of context, but if the secretary is tasked with creating exchanges for states that are not necessarily able or willing to create them, is there any possibility that, well, A, is there any desire on that office's part to create one? B, if there is, can they, I guess, begin that as soon as possible and use that to fan out to the states and potentially build a model for them in kind of an open source capacity? I don't know how well that will play out across all the different states, but it seems like we'd save a lot of reworking if that kind of sharing was enabled.

Aneesh Chopra – White House – CTO

Second question.

Terri Shaw – Children's Partnership – Deputy Director

My question follows up more on some of the previous discussion we had about the principles that we've articulated here, which focus on facilitating enrollment, putting the consumer at the center, and keeping things simple. And you've both articulated, particularly Alice, a lot of different ways when we have competing priorities that might work against those principles. And some of them are unintended consequences. For example, Reed was asking about what are some of the federal levels that we have when we're talking about financial incentives.

Clearly, the states have a very strong incentive to find newly eligible Medicaid enrollees versus existing eligible Medicaid enrollees. And, as a result of that, maybe ask for more information from the applicant that is absolutely required just to determine whether or not they are Medicaid eligible, regardless of the financing behind that. I'd love to hear more from you all about any of those sorts of unintended consequences that you have already identified or can anticipate that you either have some recommendations for us on or at least want to make sure that we're aware of, as we're contemplating the standards.

Aneesh Chopra – White House – CTO

The first question was on the secretary's interest in the backfill, if you will, and then on this other question that Terri raised, if either of you two, maybe Penny, obviously, you want to comment.

Penny Thompson – CMS – Deputy Director

Why don't I take the first question? Obviously the statute does require the secretary to have the capability and the capability will have to be available and robust. We don't know how much use the federal exchange will get. And I think the question of, the extent to which some of what has to be done to create or fulfill that requirement can be shared or can be leveraged, and whether or not that is a matter of business process models, whether that's a matter of actual programming or componentry or something beyond that I think are all questions that we'll have to work through that are not worked through today.

Aneesh Chopra – White House – CTO

Next set of questions, let's come back over here. We'll do Paul and then Bob.... I'm sorry, Terri. I'm failing my own efficiency test ... Terri's question.

Alice Weiss – NASHP – Deputy Director, Maximizing Enrollment for Kids

I was going to respond to Terri's question because I hear what you're saying about perverse incentives, and we've clearly seen some of this through the problems with CHIP having the higher match and states having a potential disincentive to find all the eligibles. In some cases, they find them, and then they're like, wait, we better stop, roll this back, and try a different way.

At the same time, I guess, I think what states, many states are struggling with their desire to enroll as many eligibles that they can, but feeling as though they don't have as much clarity about how far they can go in simplifying requirements. For example, under current law, state Medicaid programs, despite some clarity and guidance from CMS, are still struggling with whether or not they need the signature at renewal or whether or not they can submit any signature for an application. I think there's an absence of clarity and guidance that I think this process will actually provide that will be really constructive. And I think, putting out some framework for minimum standards or requirements or documentation can help lead states naturally in that direction. I think the next phase and the next conversation will probably have to be about oversight, accountability, that sort of thing to insure that states are really hanging out the shingle the right way and making sure people who are eligible are getting in there.

Penny Thompson – CMS – Deputy Director

Just to add to that point, I think those are all very good statements. I was going to say, really it becomes a matter of defining success, and I think that, in part, that's specified in the statute. The statute defines success for us. But then there will be naturally a variety of other programmatic decisions that will help us determine how we measure whether states or exchanges or Medicaid programs or Section 1331 plans are operating in a way to enable the kind of healthcare coverage, access, and quality that we seek for those beneficiaries. And I think that'll be a place where we can have productive conversations as well to test our agreements on what success looks like and whether we know it if we see it.

Aneesh Chopra – White House – CTO

Let's go to the left. Let's do, I guess, Paul, then Bob.

Paul Eggerman – eScription – CEO

Thank you. First, I'd like to echo everyone else, excellent presentation. I had a comment and a question about your statement, Alice, your third recommendation to this workgroup regarding not creating silos, but to use the existing Medicaid and CHIP programs. But the states have a lot of flexibility in how they implement these exchanges, and it seems one likely outcome is that they're going to implement these exchanges within their Department of Insurance, you know, separate from their healthcare, the Medicaid programs.

And so a question that I had, I was curious about is if we look at this from a consumer viewpoint for all of the consumers who we expect to use the exchange, it's not just the newly eligible, but all consumers using these exchanges. What percentage of all of those consumers do we expect use on these federal and state social services?

Aneesh Chopra – White House – CTO

Bob....

Rob Restuccia – Community Catalyst – Executive Director

Thank you, actually, for wonderful presentations. A little bit of a hometown bias here, but Alice, in terms of Massachusetts, does that give us some hope for optimism here in that they passed a universal law with a very quick timeline, signed up a lot of people for both the exchange and Medicaid, seemed to work out a lot of issues, and what were the lessons from that experience, and does it give us some hope that we can actually do this?

Alice Weiss – NASHP – Deputy Director, Maximizing Enrollment for Kids

To start with Rob's question, I think Massachusetts has clearly done a lot of things well, and it's great that we have that model to look at, and I think we'll all be paying very close attention to what has been done and how it was done. The fact that Massachusetts did it so quickly, I think, is what's mind boggling because they weren't under the pressure of the federal law, but really of their own design, you know, really wanted to implement things quickly and, in some cases, were able to get things up and running, huge systematic changes in under a year. Where there's a will, there's a way.

But I also think that Massachusetts, because of their accelerated timeframe, they ended up looking at building on what they had in Medicaid. They do have this sort of no wrong door approach, seamless to the consumer where they have built on the eligibility system they had in Medicaid Mass Health, and then they have expanded out.

As I understand it, the piece that has been a little problematic in part because of the different programmatic requirements has been the fact that the exchange is so much outside and apart from the public coverage programs and that sometimes transitioning eligibles between those programs has become more cumbersome than I needs to be. So I think there are probably lessons learned for good and for bad about how that is rolled out. I think Massachusetts is great. I think that we're always looking to Massachusetts as sort of engaged and interested in change in a constructive way. At the same time, I wouldn't say that everything is perfect, so I would say, look at it carefully.

I guess, in response to Paul's question, which now has completely escaped my mind.

Paul Egerman – eScription – CEO

The states might have insurance departments implement ... how all this would fit.

Alice Weiss – NASHP – Deputy Director, Maximizing Enrollment for Kids

Yes. I think that there's definitely going to be a need for that degree of flexibility. I think the thing that's concerning a little bit is if you get into situations where you find that state insurance commissioners, either themselves or as a group, start thinking about the exchange as the tail that wagged the dog. These things have to sort of work in tandem. To the extent that they're being built in an insurance department, they should quit.

I mean, one of the things we've said sort of informally when we've been talking with states and providing them with technical assistance is, make friends with your Medicaid director. Make friends with you CHIP

director. In some cases, these folks haven't really worked together that closely. They don't necessarily have as much familiarity with how these systems work, and necessarily they're going to have to be able to figure out a way to work together and exchange information and coordinate.

I think it's great that states have flexibility to do this in a variety of ways. Clearly insurance departments know the most about how private coverage works. At the same time, the fact that some percentage, a significant percentage of those folks may be eligible for other social service programs, or may in fact at some point in their lives become eligible for either CHIP or Medicaid ... necessarily means that they should be thinking in these terms about the fluidity among the programs.

Aneesh Chopra – White House – CTO

Did you have any comments on that, Penny?

Penny Thompson – CMS – Deputy Director

Only to state the obvious statement of states vary, and so the extent how states might organize themselves to accomplish the requirements of the Act, and what might make sense for one state may not make sense for another. And their expertise and assets may be in multiple places in the state, and their history of collaboration may be different. Their ability to create a governance structure may be different. And so I suspect we will see at least a few different models that are used, and the exchange, while we're focused here on the eligibility and enrollment processes, and particularly the play between Medicaid and the exchange, there are a long list of very insurance related functions of the exchange having to do with risk and reinsurance and risk corridors, having to do with plans and qualifications and looking at private coverage and how to show that to consumers and plan rating. And so we would expect to see a variety of people within the state who will need to collaborate to bring the necessary kinds of experience and expertise to the table to make the endeavor successful.

Aneesh Chopra – White House – CTO

We only have a few more minutes left. We'll let these be the last five, so we'll have Sam go next, then Jessica, and then we'll just to Ronan, Sharon, and Sallie, you can bring us home.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I wanted to speak to the last point that you raised, and states are all very different. As I think we've all experienced, both of your testimony has helped us understand the environment. You've referred several times to 51 jurisdictions, but many states, some states are state administered Medicaid programs. Other states, it's county administered, so there really are many more than 51 jurisdictions in some sense.

Alice, you spoke about the problems of local control. Yet, the enormity of this task now suggesting that states are much more open to greater uniformity. I'm interested in somehow that plays itself out in the role that CMS might play in that regard. I suspect that there are existing applications for modifications to systems in the pipeline. How are you beginning – and money is the issue that Alice is raising, one of the issues that there isn't an appropriation that's going to help support the enormity of these changes. How are you beginning to treat, if you can say, what's in the pipeline? You said earlier, it's too early yet to resolve these things, but what can we think about in terms of how you're proceeding on this?

Penny Thompson – CMS – Deputy Director

What I'd say is we've been having a lot of conversations with states that are in the middle. Again, states are in various levels of planning, so when we say states may have an NAPT pending, it may be to do something that will very much still be relevant and necessary for them to do in 2014. It may be something that will need to be renegotiated as part of an overall scope of work, but not immediately. Maybe a year from now, as they think about how to incorporate the requirements of the Affordable Care Act.

I think, again, it depends on the kind of development we're talking about, and it depends on where the states are, where their ambitions are. Some states were already moving in a direction, though I take Alice's point that no state anticipated in all of its detail the Affordable Care Act, and there's still detail that we discover every day when we read it. There were at least some states that were moving in the direction. These are not completely new ideas where we talk about the desire to make challenges available to customers and use technology to do things online and do them once and share among multiple programs. So these are desires and motivations that have been activating states for a number of years. In fact, you will see in the later panel presentations how some of that has come to some amount of fruition.

Many of the procurements that might be in process today are very much in support of that direction. Will they have to get some tweaking and some changes in order to accommodate some changes that will be necessary? Yes. I think we're going to have to take each one of those on a case-by-case basis. We're going to have to have conversations with the states about where they are in that development process. As many of you know, it's not an easy lift to begin a development of a major technology system. Many states have gone through very long and laborious legislative processes and budgetary processes and contracting processes to get to a certain point, and it may well be quite counterproductive for us to try to get in the middle of that and call a halt until we figure out how all the world is going to work in 2014.

I think we're going to have to have some kind of reasonable set of conversations. Just like as we talked about earlier, nothing seems to work in perfect sequence where we can line it all up. I suspect there'll be some amount of rework with some of the current developments and procurements that we'll have to accept. And I think the issue of where are we going and how does this fit with where we need to go in 2014 will simply have to be very much front and center in our conversations with folks, as we think about supporting additional funding and work.

Aneesh Chopra – White House – CTO

Let's do rapid fire, if you don't mind, for the last two questions, and then we can stay on track. Jessica?

Jessica Shahin – USDA – Associate Administrator, Food Stamp Program

Sure. Thank you. I first just want to say thank you to both of you. Through your testimony, you've given us the complexity of the law, the complexity that's compounded by the state situation, and then you kept your eye on the client, so really, really do appreciate that. As a part of looking at this, I'd like to go back for second to the notion of scope and programs. We're talking specifically in large part as if the healthcare programs stand alone, and they very much don't. There are 40 million people every month receiving the SNAP benefit now. And the connection between those two populations is not only obvious, it's real, and becomes even more real in 2014, quite frankly.

Some of the discussion, I'm wondering how much do – I know there are many states that already, they combine their eligibility across these programs. Are there some synergies and things we can do in terms of the standards to take advantage of that to make sure that when we're considering scope, we're not building a new siloed situation and as a part of that categorical eligibility as a way to use the standards as well.

Alice Weiss – NASHP – Deputy Director, Maximizing Enrollment for Kids

That's a great question. I think we've been dealing with that a little bit within our project because we've been trying to encourage states to streamline enrollment and retention, but in many cases a state is sort of marching lockstep with another program, whether it's SNAP or TANF or another program. It does create some important challenges for states, as they're trying to sort of think about how they can look at

eligibility and enrollment practice in a wholistic way. It's also important that many of the caseworkers that are implementing these changes in some cases aren't working for that agency.

I think, in terms of things that this panel can look at, I mean, I do think there's this outstanding question, and I know some around the table have been looking at this a lot in great detail, and just whether or not there are ways to streamline or modify or revisit some of the documentation requirement for the periodicity of asking folks for things. In many cases states say, well, I really don't want to only accept one pay stub, or I only want to do this one way, but because of this other program, I have to do it this way. I think, trying to think about that and look at that as you're thinking about ways to create these standards or protocols if you have recommendations along those lines, even if it's beyond what you can do, and it's something for federal legislation, it would be useful.

Aneesh Chopra – White House – CTO

Rapid fire further, actually, let's do Sharon because you haven't said a word. Then we'll get back to you, and then we'll come back.

Sharon Parrott – Secretary Sebelius – Counselor, Human Services

Thanks. I'll actually just build off of what Jessica was saying. It seems to me that in some respects, we know that states value the linkage between multiple programs because, in fact, absence of resources to completely rebuild a new system, what most states do have workers that determine eligibility in multiple systems, and sometimes because they couldn't do it the perfect way, they do elaborate workarounds precisely because they don't want and find it inefficient and not customer friendly to have people to go to two different places or fill out two applications. So we're far from the perfect world, but states have sort of shown how important that is by being willing to do kind of complicated workarounds precisely because of the linkages between the various programs.

And so I think, thinking about how we sort of have a unique opportunity that we know the world is going to change in 2014, and yet we're not already at 2014. And so thinking about how we can help states move further along the same path that they've, on their own, gone and further incentivize that. And so I guess I'd just ask you to respond a little bit to the steps states have taken, albeit maybe imperfectly and maybe inefficiently because of resource constraints, to minimize the extent to which they are asking families or applicants to do things twice or to go to different places in the existing world, so we can think about what the existing world looks like, not necessarily from a caseworker perspective where they may well have two computers sitting on their desk and enter the information twice, but from the client perspective of the world they see. I think it's really different in different states, but I think a number of states have tried to make at least the client facing part of this not as disjointed as, I think, sometimes people come to these conversations assuming that they are.

Aneesh Chopra – White House – CTO

Let's hold the reaction there because the panel coming up is precisely on that point, so we'll lean to them for that guidance. Ronan, if you wouldn't mind, and then Sallie to round us out.

Ronan Rooney – Curam Software – CTO & Cofounder

First of all, thank you very much for the presentation. I think it was very illuminating, and I think we need ... and Carl Lewis here for the sprint that Aneesh was talking about. It seems to me that a lot of the challenges that you were both describing are, I think, requirements on one side and challenges on the other, and independent of the work that the workgroup is doing here in relation to setting standards. A lot of the work that you guys need to do is to be able to get people ready to build the exchanges and build the kind of new way of doing eligibility across between exchanges and Medicaid programs, so I think it's

really important that we actually get ... otherwise we get left behind because some of this stuff will simply have to happen regardless of what we're doing.

I guess a question, Penny, in relation to presumably you still have the people who are categorically eligible for Medicaid, and presumably, well, the question is will there be a bulk reevaluation of those people initially to try and see will they qualify for better programs, either the exchange or the reduced cost sharing or the premium tax credits? And the last part of that question is, is that going to be an ongoing thing as time passes or as things change within their Medicaid circumstances, or indeed as things change in other programs, HHS programs that these households are involved in?

Penny Thompson – CMS – Deputy Director

I think that relates back to Terri's question about how people are categorized. People can become eligible in Medicaid in 2014 under various rubrics. They might be eligible under one category, but they also might be eligible under an income methodology. I think that we'll have to sort out how we're going to work to classify those folks in the right way and do that in a way that doesn't create some of the unanticipated consequences that would result in us spending a lot of time behind the scenes, federal to state agency arguing about who belongs in what category rather than just making sure people are getting healthcare coverage. I feel confident that we'll get to the right place there.

But I would say that, again, I think the important point that I would draw your attention to in terms of thinking about how data gets exchanged is that people's circumstances do change. And so, people will move from one way of becoming eligible to another way of becoming eligible in a way that might affect what kinds of coverage they have access to. Certainly we don't want to move people for the sake of moving people. On the other hand, some individuals who, for example, are disabled, might find a much better benefit package for their particular needs under Medicaid. And so we need to find a way to address some of those changes and circumstance in a robust and responsive way so that people get the best coverage for their needs.

Aneesh Chopra – White House – CTO

Last, rapid fire, Sallie, make it happen.

Sallie Milam – State of West Virginia – Chief Privacy Officer

At the state level, you see states building health insurance exchanges while they're building health information exchanges. Both could have the functionality for enrollment and eligibility. If we're in 2014, who is doing that enrollment? Are there many different options? And if so, what else is on the table?

Penny Thompson – CMS – Deputy Director

The two kinds of HIEs, which, by the way, so the pressing question is, can we find a way to distinguish the HIEs from each other in terms of nomenclature? It's quite unfortunate that we have health information exchanges and health insurance exchanges because we end up in conversations thinking we're talking about something different. The other pressing issue is whether it's "măg-ī" or "măj-ī". We really need to resolve these matters quickly.

Here's what I would say about health information exchanges, and it's kind of the same answer to the question about states are in different places with regard to what they've invested in their eligibility systems and how well integrated they are and how modern they are, and what they worked on in terms of common client indexes and so forth, which is that even with health insurance exchanges in 2014 with health information exchanges in 2014, states will be at different levels of maturity with what those exchanges can do, how they operate, how statewide they are, how robust they are. Do they move data?

Yes. Do they move data using identifying information? Yes. I can't remember who it was that talked about bringing together these two worlds.

Aneesh Chopra – White House – CTO

Cris Ross.

Penny Thompson – CMS – Deputy Director

Cris, and I think that's exactly right. There are both lessons there to be learned about how we go about doing this, and there are potential uses of some of the same standards and some of the same protocols, and there's potential reuse of some of the same kinds of investments. And I think that that is part of what's on the table, as people think about where they are within their states in terms of enabling exchanges in the modern world of 2014, just as their claims systems, just as their eligibility systems and other kinds of assets that they may have already deployed or may be on the pathway to deploy.

Aneesh Chopra – White House – CTO

SSA is actually in the middle of both, so maybe a final word from Jim, and then we'll say thank you to Alice and Penny.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner

I wish I had some words of wisdom for the group, but that wasn't my intent when I asked for the last question, and this was really specifically for you, Penny. There's 10,000 people a day that experience a transition in insurance coverage when they turn 65 years old. I'm wondering to what extent the Act addresses those seamless transitions because those folks obviously today, most of them walk into our 1,300 offices across the country.

Penny Thompson – CMS – Deputy Director

Yes. I'm trying to think. That's an excellent question, Jim. Henry, do you remember anything about what it says about folks aging into Medicare? There's clearly the Act is establishing the requirements for non-Medicare exchange and Medicaid, right? So one of the issues is, you're not Medicare, and so the question again about what happens when people move into a different program, whether it's Medicare or another federal health program. I think it's something that we'll have to sort out. That's another area where, again, I think some of the questions about how some of this data can move to other federal health programs and in the right timing and the right way could be helpful.

Aneesh Chopra – White House – CTO

All right. Let's shake it off to Alice and Penny, giving us the policy environment. Thank you. That is, so we had a lot of conversation about the policy framework. Truth be told, that was helpful setting the stage, but we are not telling them how to do that piece of it, so we're going to be listening now to how the states have been executing on these strategies from three really, really distinguished panelists. We'll have, Steve, if you could make your way to the front, you rock star, you. Bobbie and Ruth, if you wouldn't mind doing the same, then we can get started.

Again, we ask if you wouldn't mind to introduce yourselves, as you do that work, that would be appreciated. And I promise we'll have a break. As soon as this panel is over, then we can stretch.

M

Don't put that pressure on us.

Aneesh Chopra – White House – CTO

You're good. Purple tie ... good choice. That's the HIPAA new color, man. You're looking good. What's an e-human? Did we name this e-human? Oh, my God.... Introduce yourself.

Steve Fletcher – State of Utah – Chief Information Officer

I'm Steve Fletcher, Chief Information Officer for the State of Utah.

Aneesh Chopra – White House – CTO

Bobbie?

Bobbie Wilbur – Social Interest Solutions – Co-Director

I'm Bobbie Wilbur, and I am the codirector with the Social Interest Solutions, and we build systems support in the services.

Aneesh Chopra – White House – CTO

And Ruth.

Ruth Kennedy – Louisiana Medicaid Department LaCHIP – Director

My name is Ruth Kennedy, and I'm with the Louisiana Department of Health and Hospitals in our Medicaid and eligibility sections, and have been involved for the last ten years. As a disclaimer, I'm not an IT person. I'm a program person, and I bring that perspective.

Aneesh Chopra – White House – CTO

That's great. We understand that this is the panel that's going to answer all the questions that Penny and Alice outlined, so no pressure, Steve. You're going to now tell us how you're going to solve all these problems. In all seriousness, Steve, why don't you get started, if you don't mind, on how you've been thinking about interoperability within the state?

Steve Fletcher – State of Utah – Chief Information Officer

I appreciate that. I want to make the ideas brief, as we go forward here. One of the challenges is, as I was listening to Penny, there are a lot of requirements that were brought forward, which is great. Now how do you take all those requirements and put them all together in some cohesive, useful, efficient manner? As we talked about a few years ago in our state looking at how do we do this, we had multiple agencies with many, many different programs, 35 programs that had eligibility determination. How do you get your workers so that they can review these eligibility requirements, do so in a useful manner, and it was very, very difficult to go forward.

We thought the best way to do this is can we consolidate all of our eligibility workers? People can administer the programs, but all the workers for determination, put them all in one area, and put all of our programs in one area, and let's do it all at once. So when they come in, rather than figuring out where to go and to fill out 15 different forms the same way for each of those programs, let's do it all at once. And so we came up with that concept. Then we said, well, we're going to have to change the way we do business. By the way, our federal partners aren't necessarily used to doing it that way either.

And so it was one of those things that we had to look at, how do we go about doing that. We essentially put a rules based engine together. We had our workers and the citizens who wants to look at the programs, they would fill out a form, gather the information, and then we would then look and see what other programs are they eligible for. That's the whole concept is to be able to do that. And so that's what we set about doing. We called it e-rep, electronic eligibility program, and then we looked at ways in which we could gather the information, as well as then disseminate it. If you look at the slides, are there slides available?

Aneesh Chopra – White House – CTO

It's in our handouts.

Steve Fletcher – State of Utah – Chief Information Officer

It's in your hand out, so you can do that. Skip toward the end. I just had a quick mention of networks. There we go. If you look at the eligibility check, we have done this. What that required us to do is, as we gathered this information, and we look at eligibility systems, we had to exchange or interface with all of the programs, all the systems that were there, including federal systems, as well as our state systems, so we had hundreds of interfaces that we had to build in order to be able to bring this information to determine eligibility.

We used a lot of the services that were available. We tried to make them Web based as much as possible. A lot of them were mainframe based, but we do link to Social Security Administration. We link with the IRS. We link with the National New Hire, so that require that we deal with, for our programs, we deal with CHIP. We deal with Medicaid. We deal with TANF. We deal with childcare. We deal with food stamps. All of those are different agencies that you have to deal with, so it's not just HHS, but it is labor. It is agriculture. It is all of those different federal agencies that you have to deal with, as well as all your internal agencies.

Well, that's very, very complex, and that's exactly what Penny and Alice were talking about earlier today is how do you go about doing that because, with these new requirements coming in, you're going to have to do the same thing yet again. So as we went through, you'll look at these programs that we deal with. There are 35 eligibility programs that are currently being utilized and looked after, and these are the specific interfaces that we now have to deal with. And that's not including our own internal systems that we also have to pull the data from.

But, as a result, technology allowed us to be able to do this because once you get the information in, then you'll go through the rules engine. We had to develop what the rules are, but then you could be disbursed and looked at programs across the board from all of our agencies, and that's really what is the benefit to the citizen in order to be able to do that. This is – we have just – it is now implemented. We have over 400 cases, eligibility cases that are being processed through this system, and we're still trying to get as many of these systems or the information exchange via the Web as opposed to point-to-point interfaces, and so we will continually look at that.

These new requirements will, I think, position us so that we can look at the best way to integrate this, but I don't know how you would do something, take those new requirements, and if you didn't have something like this, how you would do it without another stovepipe type of system because it is really a process in order to get it going forward. But I think, at the end of the day, it is a very complex system just because of the different interfaces that you have to include. Then I would just say we also created obviously the ability for the eligibility worker to service our citizens. They could do it online, but they also have the ability to be able to communicate with them directly to try and help reduce some of those errors of input as we go forward. So we try and verify and make it as accurate as possible, and we also have modules in there that look for fraud, waste, and abuse, as we go forward. With that, I will turn it over to the next person.

Aneesh Chopra – White House – CTO

Yes. Let's do. Let's each of the three of you go, and then I think we're going to want to come back to hear about the experience. Already a bunch of questions are brewing on ... doing that. Maybe, Bobbie, if you wouldn't mind?

Bobbie Wilbur – Social Interest Solutions – Co-Director

Yes. Can you put a mic right there? Thank you very much for asking us to testify.

Aneesh Chopra – White House – CTO

Grab the mic from Steve and just point it in your direction.

Bobbie Wilbur – Social Interest Solutions – Co-Director

...to testify today. We've been working on this issue for about 15 years, and we've been working on it with states that have been in the mode of trying to challenge why these programs don't work together and how they can find ways to make this much more consumer centric as opposed to program specific. What I'm presenting to you today, while it is being presented from Social Interest Solutions, is really the representation from all of our states that we've been working with.

Our approach with regard to this is really using Web services and Web systems to kind of sit on top of existing legacy systems, and the process behind that is really always focused on the consumer as being the central broker of what happens with their information and how they need to be supported within the context of the programs that they're accessing. We do this through different channels, one of which is the consumer supporting themselves, which I think Steve was talking about. The other one is also supporting them through call centers because a lot of these folks access their programs through call center type of arrangements, and then, finally, looking at it always within the context of what an assister, whether that's an eligibility worker or community-based assister, anybody that might be supporting that family might be doing. Finally, the one that we don't put up here but is always in the background is paper.

We offer – the system that we support is called One-e-App, and you may see that throughout these slides. It offers a secure, single point of entry that goes across a range of programs. The purpose, wherever possible, is to do final eligibility determination. But where we can't, to effectively route that information to the agencies that can make that final eligibility determination.

It's very, very critical in this, the information that's gathered from the applicant is gathered as efficiently and as effectively as possible, and wherever possible electronically. We use all sorts of different approaches to do that. Some of our verifications are automated, some, like what Steve was talking about in his discussion. Others, we use the ability for the folks to either scan, e-mail, and/or fax their information in, so it can be stored on their behalf and reused for any of their future applications.

On the signature side, this doesn't work, and it doesn't work real time unless you handle how the applicant or the consumer is providing their signature. We do all sorts of different things, whether it's a fax signature, it's an electronic signature signed with a signature pad, electronic signature where we have a verified e-signature on file, or we're now getting into telephonic or voice signature that's supported by the FDA's approach to food stamps or SNAP.

We also believe that if it is going to be consumer centric that the consumer has to have a way to manage their application process. Therefore, they need a home page. They need a place to go do the work, figure out what's happened to them, manage their information, and manage the next steps that are associated with their information. And we never see this as a one-time event. It's not about getting an application in. It's about managing the ongoing circumstances of the family, as their circumstances change, and hopefully we're working them out of these systems where we don't have to be supporting them anymore. But as we know, that doesn't always happen, so we're doing renewals. We're doing modifies, all sorts of things to support them through their process.

The consumer and the assister communication is also hugely critical if they are engaged and involved. You have to have a way to make sure that they get their information the way they get their information. I think a lot of folks really misinterpret this low income population that's supported here that they don't have tools like cell phones and e-mail and so on and so forth. But the truth of the matter is, what we've learned is while their physical address may be changing all the time, their e-mails and their cell phones are not changing. And the best way to get a hold of them is in the modality that they receive their information. We are doing all sorts of things: e-mail, text messaging, and paper wherever we can trying to surround those applicants.

The other part of it is that this is not just about supporting people in public programs. There are a lot of private programs that wrap around these families, and while there may be just one difference in terms of the information, maybe it's that they're not a U.S. citizen, but there's a private program that actually supports them, or it could be low income insurance that sits right on top of the public insurance that they need to be integrated with. The programs that we've been supporting range from public to very private in terms of support of families.

The things that make this work, and I think the things that this committee has to consider as they're going forward with this, is the thoughtful and deliberate consideration of how information is garnered from the consumers themselves. That's everything from how the information is asked on the page. I can tell you because I've had to go through this analysis that certain questions that are asked by Medicaid in the Medicaid program might have the same intended information request that is asked in the SNAP program, but the questions are asked very differently. Do you bias the response if you ask it the SNAP way versus the Medicaid way, or you change it to be in between the two? Those things have to be worked out in terms of how you gather that information.

Real time information verification, I believe that the Affordable Care Act demands that we get more efficient on how we verify people's information and where it comes from and how we use it to support their enrollment and their eligibility determination. If you could get a lot of their verifications electronically, you have to ask all the questions that we currently ask in those applications, and it's fundamental to the simplification, I believe, of particularly the human services programs that we now support.

The other thing that we do is, wherever possible, and I will tell you this is not always possible because of rules and permissions and access and whether people see the consumer being the driver or they see their program being the driver. But wherever possible, we're doing eligibility matches against or person matches against enrollment systems that already have the eligibility resident. And the purpose of doing that is so that we don't duplicate the effort because, right now, a lot of these applicants don't know the coverages that they have. They don't understand them. They're complex, so they'll reapply again, and we're creating massive administrative inefficiency in that process. If we don't have a way to do that, we will crush the system with what we're about ready to do in 2014.

Part of the things we do, and I know you're all talking about national identifiers, wouldn't that be nice and wonderful. I'd die for that. On the flipside, I don't think it's going to happen probably before I retire. So with that said, we have come up with other ways to do that by using probabilistic matches for the information that we have and not using a single data element and specific matches and working through a process that's stair stepped to get to, are you the right person, and should I be exposing you to the information I'm about ready to expose you to?

Wherever possible, we try to do real time eligibility determination and routing. We know that if that applicant leaves that computer that day, you may not have the opportunity to be interacting with them again. So it's got to happen real time. It's got to happen now. And I also believe this Act basically forces

us to consider that as well because nobody is going to wait 45 days for Medicaid to make a determination of whether or not somebody is eligible before they go and try to get on the exchange to get the information that they need for health coverage, particularly when the IRS is barreling down on them, and it's April 15th, and they're trying to get their tax return done, and they don't want a fine. We've got to find a way to make it more practical, real time, on time.

The other thing is we don't replace systems. We augment them. I don't think we have time in this construct, and I think the earlier panelists established that. We don't have time to rebuild all of our systems. We have got to use what we've got. We've got to use what is good. We've got to take the good with the bad, and supplement it with something that's good that will work and make sure that these systems can talk together.

Wherever possible, and I think this goes back to some of the things Steve was saying, and actually the first panelist group was saying too. Every state that we've been too, and actually, since I work in California, every county I've been to is different. And they have different approaches, and they approach this differently. You've got to have the flexibility for them to adapt these systems in a way through client configuration and administration to meet the needs that they are really trying to do.

Then I'd just encourage the committee to kind of take the approach we've taken over the last 15 years and don't ever accept that it can't be done because it can be. And I think the states that I'm representing clearly have done it. I think Steve has done it. I know Ruth is going to present that she's done it. It's doable. We just need to stay the course.

Some of the standards that we've used, guys, is that we don't look at any interfaces in an interface that can't be done. We also don't look at it as something that would be used one time. We always look at it for reuse and reusability. Otherwise we'd probably be out of business if we didn't do that. We use everything, every creative methodology of integration that we possibly can, everything from what's called mash up tools. Some people may think of those as screen scrapers to very sophisticated Web services to exchange data, and there is no one way to do it. When you're looking at the states that you're looking at, you're going to have to use the whole myriad, the whole library of interface capability to make this work, to have systems talk together.

We also use translators to help us deal with data, and a lot of that came about as a result of HIPAA. HIPAA basically helped the technology world come up with strategies for translating data from different systems, from different modalities of exchanging data in order to come up with a way to have a uniform information process of exchange. And so we've actually adopted most of the standards that are set forth in HIPAA to use the translation of data and don't make the source system translate it. We do it on their behalf. We also are very focused on ADA compliance because the consumer is the person that's oftentimes using our system, and so it's got to be used by whatever kind of disability they present to that system to make sure that it's used, and I think that's got to be central to the work that you guys are doing.

HIPAA transaction standards for trading data, while not a perfect fit always for eligibility enrollment dates, have a good base, and they have a base that we use actually and use some of the fields that are kind of nonstandard. They're discretionary. We use those to help manage the information that we're sharing. With a few tweaks, those could be enrollment standards, as well as trading partner or trading data standards.

We have built our system based on the MITA architecture, and we've done that because we think there's tons of reuse, tons of capability in that. The service orientation on an enterprise service bus allows these systems to move quickly, to be flexible, to move to be the front end, to move to be middleware in between

legacy systems or to be ... legacy system. They allow you to externalize your Web services so that others can utilize them in a way that you don't have to rebuild it across the state. I think the MITA technical architecture standards have a lot of good, solid basis for reuse under this construct.

Finally, this may sound simple, but one of the hardest things we have to do in this world, and I think all of you that live in the world, and Ruth will probably testify to this as well, is finding these people. So we use as many of the standards like the U.S. Postal Standards as a basis for trying to find them and trying to connect with them. If you look across the different address verification systems, you'll find that they're all very different in terms of their address structure. So we're trying to use as much as we can.

Then, finally, as we said before, we augment existing systems. We don't replace them. So if the consumer is at the front, they've got a lot of things they've got to do. They've got to provide you verification information. They've got to renew, modify, support their ongoing application. They've got to get you information. They've got to figure out that their income has just changed, and they've got to report a change to you.

We believe that there are an endless number of channels that they're going to do that through. And all of those, I think, have to be supported because no one size in the area of how people provide their information, share their information, or apply, no one will fit all. I think that's one of your principles of the committee. Obviously there are all sorts of different ways that they're going to get you that information, whether it's through a computer, paper, an iPhone, it doesn't matter. We've got to have a way for them to be able to get you that information.

The MITA architecture that we talk about really operates on all the services that you're talking about that are fundamental to being sure that we have the right persons in play. We exchange the data appropriately, so everything from the authentication services that are defined in MITA to the workflow engine of how data moves through the system and that you can configure that to be appropriate for the state that you have in view, for how data will be transformed as it relates to being received by one system and used by another, etc. are all fundamental to working through how systems work together.

The other thing is that there are an endless number of systems that also should be communicated with, and I am a strong believer that if you've asked the Medicaid questions, for example, SNAP, I only have to ask two more questions to get a SNAP eligibility determination done. And for most of the other programs, whether it's public, private, or other wraparound programs that are offered by local jurisdictions, whatever, I oftentimes don't have to ask any other questions. I have to apply different rules, but I don't have to ask different questions.

This is totally doable, and it's totally – we have the capability of doing that. The programs that we've been working with, while not every jurisdiction that we're in, offers all of these programs, but through the context of working with all these jurisdictions, we've worked with health programs, everything from Medicaid to we don't do a lot in the area of Medicare except for Medicare cost sharing. But county indigent programs, which are locally offered programs, the hospital charity care programs, etc. This isn't a puzzle we can't solve.

This is doable, and I think it's important to know, and I think, for example at Kaiser, they're using it for their child health plan, which is a benefit program that supports children that aren't eligible for public benefit. So making sure that the consumer that presents to you has the opportunity for as much capability as possible when they present to you, even if it's a program that the state doesn't offer or the county doesn't offer is a good thing. Let those programs that do offer it provide the technology and the support within the context of your architecture to help you get through it. Other programs that we work in,

everything from SNAP to low cost auto insurance to earned income tax credit, there's tons, guys. And again, it's once you've asked the base questions, you don't need to ask a whole lot more to support people in other programs.

The reach, just so you know, the states that we're representing, as it relates to the work that we've been doing, Arizona is probably the most highly integrated and most complex environment where they do real time enrollment eligibility across a myriad of programs. In Indiana, we're in Meriam County, Indiana, and theirs is basically hospital-based programs that are supporting their families there. Maryland, we started out with a pilot in Howard County, Maryland, and are now moving, because of access of CHIPRA funds, to basically provide that across the state.

In California, California is county administered, so we do a lot of different county government support in 15 different counties. We also have been adopted by the city of Los Angeles as being the system to support city programs citywide, and we work in a lot of different school districts, LA USD being one of the largest that we support.

We also do the health app system statewide, which basically does Medicaid and the state CHIP program, and it's offered statewide. Right now it's assisted, but soon will be publicly accessible to families in California. Then again, do a number of other programs outside of that because of the capability and power of people wanting to look at screening people against public programs before they're eligible for their local program.

As it relates to the future, and I'll try to wrap this up pretty quickly, guys. We see that there are a number of different players that have to play in the context of your future. And it's not just about the Medicaid program. It's not just about the state exchange. It's about IRS. It's about Social Security. It is about the state high-risk pool. There are tons of players in this. The technology has to support all of them.

I don't know, in this day and age, if we can build technology that is a separate system for the exchange that isn't also going to support the Medicaid program that does all of these things that are part of this particular piece of the Affordable Care Act that you have to do. So in our opinion, this has to kind of sit in between all of the players, and it has to work and support and integrate all of the players, as you go forward, with the purpose of not only just doing the programs that fit inside the box, but also supporting patient management and the EHR systems and looking at how counties and others that provide oversight and augmenting programs, as well as health plans and other folks in the community that are going to provide support and services to these families play in it.

And as it relates to leverage, we actually believe there's a lot there to build on, and we don't have to start from scratch. So adopt the existing standards with minimal modifications, and it'll get you there quicker. It doesn't mean that they're the ones that you'll end up with in 2024. But in 2014, there's a lot already existing that you can leverage. Augment the legacy systems. You don't have time to replace them.

The procurement cycle in most states is two years, best-case scenario, starting now. And that's if they get their APD approved by the Fed. So we're at 2+ years, no time to build. We don't have time to get this done, so we've got to leverage what we've got. We've got to use the state exchange process to leverage as much of that resource that's going to be built there to augment what has to happen on all the other programs.

Use something like the MITA architecture. You know, guys, it's a framework, but it has a lot of good value to it. Essentially it's just good technology, which is basically using services on an enterprise service bus to manage the support of your systems. Wherever you can, do real time verification. The more real time

verification you have, the more real time eligibility you have, the less burden that you have on the consumer that has to get this done. Finally, make sure that the underpinnings of what you do for Medicaid and/or for the exchange actually support each other because I actually don't see them as separate and distinct systems. I do see the operations being separate and distinct, but fundamentally the technology has to be available for both of them. And then don't forget the partners outside the circle that actually do a lot of work to support the families that you're about ready to support.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you, Bobbie. Ruth?

Ruth Kennedy – Louisiana Medicaid Department LaCHIP – Director

A little bit about our eligibility system in Louisiana is for our Medicaid program, our CHIP program, which is a Medicaid expansion, and our CHIP separate program is all of that is handled with the same systems and the same eligibility caseworkers, and so that eligibility system is a standalone system for public health programs. And while we have interfaces with our SNAP and TANF programs, it is a separate system, and I think that's important to note.

The case that we have made to do our processes and our improvements in our business processes with technology, I just want to tell you what those are because they will help make the case in other states for 2014. First and foremost was a genuine desire to reduce the number of uninsured children and adults in the state, and to enroll them faster and once we got them enrolled, as long as they were eligible, to keep them enrolled. Then, of course, beginning in about 2000 when we started working on this, there were rapid advances in technology and new opportunities that we wanted to take advantage of.

As Louisiana has been in a perpetual, except for a couple of years when oil was \$146 a barrel, we were in a perpetual budget deficit position when all the other states were flush with money, 2001 and 2002, as we had shortfalls. So we actually saw technology as a way to reduce costs, and our eligibility workloads were spiraling out of control. We believed then, and it's been proven since is that it was possible to simplify, streamline eligibility without compromising the integrity of that eligibility decision.

Now some important ... assumptions that I think we need to lay out, and this has been my premise, first and foremost is that there are important differences in eligibility for public health coverage programs and for TANF and SNAP because the preciseness of eligibility is much less important in Medicaid and CHIP and in the exchange that for those programs where, for every \$3 difference in income, there's a dollar difference in your SNAP allotment. So we don't want to hold back coverage and retention in public programs because ... or the health coverage programs because they're being held to that TANF or food stamps or SNAP ideal, and so I'm very concerned about that, and that's one of the things that we have not done, and is a reason for some of what we've been able to achieve.

Also, the underlying philosophy and goals, think about who is determining this eligibility. There's really a different approach taken. I know because I began my career in 1980 as an eligibility worker doing food stamps and cash assistance and Medicaid. In 1992, in Louisiana, we separated the eligibility, and since that time, I've been in the Medicaid and now CHIP agencies. But there is a very different philosophy and approach. Is it to keep eligible people in, or is it to try to get people to work and self-sufficient and get them out of the program?

Here the automatic processes are going to increase enrollment and retention, and are you ready for that? Dr. Tuckson talked about our states. Do they have the same degree of eagerness? Here's the reality is that there will be 100% federal match for three years for some people, but not all people. And anything that is going to increase state costs is something that there may be reluctance to whole-heartedly

embrace. I'm just saying because let's be real. The technology is out there right now, and so what is the reason? There's more, I think, than just the cost of acquiring the technology.

Integrating IT into eligibility business processes is a heavy lift. It's about more than standards and protocols, and it's about that's just the tool in the beginning. But it's actually how you're going to operationalize that into the business processes you have.

Electronic case records, we haven't talked a lot about that today, but it gets us to those two goals. I mean, we have totally paperless case records in Louisiana, and I can't tell you how important that is. Images of all incoming documents, all outgoing documents, all eligibility employees in the state, including myself, this is a Web-based record, and we can create and add and access to that record. And we have had that institutionalized. It was completed in July of 2005.

Some of the benefits, this is a picture says a thousand words. July of 2005, we finished, but in August, of course, Katrina hit, and we actually had to – the records at our New Orleans office, all those case records molded, and we had to take them to the incinerator. But because we had finished that process in July of 2005, we didn't lose any information, so that was the – but the major savings as far as labor and rental costs, how much does that square footage cost for those in New Orleans off Canal Street? Postage, filing systems, but from a customer service point of view, there's immediate access to documents and data.

You don't have to have a record pulled from a file. When I started working, there were people whose sole job was to pull records in the eligibility file rooms in offices. And it makes all of the paperless eligibility business processes that we've been able to implement in Louisiana possible, like retention, doing renewal without getting a signed form. That's possible because of those electronic case records. I want to point that out.

We use data from another system in a rather primitive way since 2001 from the SNAP system. If anyone who has – we have inquiry rights into that SNAP record, and so we would look at it, but the way we've had to do it is take and crosswalk that manually, you know, somebody write it down and then keypunch it into the Medicaid eligibility system or CHIP eligibility system, and it has – be we found that about two-thirds of our Medicaid children had an active food stamp of SNAP case. Right now, when it comes to paperwork closures at renewal, we have fewer than one percent of children who are losing coverage because of a paperwork reason. And this exparte renewal was a major reason for that.

We then started the question, could we build a better mousetrap. There's been focus over the years put on error prone cases. We wanted to find the opposite of error prone cases. What are the not error prone cases? Identify those. In the 21st century, is there a better way to do eligibility for the low risk cases? And so we began doing intensive data mining to determine what are the characteristics of those cases that I'm not saying that there was not a change, but was there a change that would make them ineligible? That's a key difference.

Was there a \$5 income change? If the income limit is \$1,800, and the income, you know, I really don't care if she's making \$1,750 or \$750. That's very different, again, from SNAP.

And so we did extensive testing and ... prior to the implementation, and so that has really replaced our exparte renewals is that administrative renewal process, and it's very simple. We send a letter saying we're reviewing your eligibility. Have you had any changes? If so, call this toll free number, or our lawyer told us we had to say you can go to the local office. None of them have, but they do call the toll free number to report changes, and so people will report changes with this kind of system. If we don't hear

from them, the default is that we extend their eligibility. Because of that electronic case record, we actually have annotations on the activity log of all of this, and image copies of the letters that go out to them.

I'm worried about Web based applications. We believe that electronic signature is critically important. If you accept a Web based application, but then send someone a piece of paper that they have to sign and send back in, that's really defeating the purpose in my opinion. Focus groups that we've just done recently in Louisiana, Michael Perry with Lake Research has been doing some focus groups for us, and families really appreciate this option to be able to – the convenience of online applications. It eliminates the need for scanning because we have it to where if someone applies online, it's automatically imported into that electronic case record, and one of the things that is our aim is to just continuously improve the functionality of that application.

This here is a photo I have. In each one of these, if you can see it, there's a laptop computer. We have with our processes right now is we can go out and have real time access to the eligibility system, to those case records, to assist people in enrolling. At one point last year, we had over 30 different locations in New Orleans, as we had people on different corners and locations who were taking applications on children.

A few words about express lane eligibility, and I think it helps to inform what we're trying to do for 2014. CHIPRA, that's a CHIPRA option to use eligibility decisions by other agencies, but in order to do that, you've got to be able to import that information and create a Medicaid or CHIP record, right? And so we are using the data from our SNAP agency in Louisiana, so we have now enrolled over 14,000 children since February into Medicaid on the basis of their eligibility for SNAP.

But being on what – to my knowledge, Louisiana is the only state that's actually doing automatic enrollment, and so some lessons from the bleeding edge, as I'll call it, beyond the leading edge, is simplification isn't simple. It really isn't. And data matching isn't magic, and it's not totally clean, and automatic is relative. Human intervention is still important, and we can never forget that, which is a good segue to this little quote that I found. It said beware of the watchman. The government are very keen on amassing statistics. They collect them, add them, raise them to the Nth power, take the cube route, and prepared wonderful diagrams. But you must never forget that every one of these figures comes in the first instance from the village watchman who just puts down what he pleases.

That's my timer. I gave myself 12 minutes. I'm sorry. That's it. So it wasn't going to turn itself off. I had never used that.

But this is about our caseworkers. They're the ones who are doing the data entry. There's a town in Louisiana, Alexandria, ten letters, and you know how many ways Alexandria has been spelled in our data system? Over 190 ways.

Organizational change is essential to maximize IT and, in my opinion, and in my experience, it is even more important than the technology is what you do with that technology to get adoption by those eligibility offices. It's a major change, and I'll stop here since there are so many people from HHS and CMS. This is our little wish list is the enhanced FFP, at least for standalone Medicaid and CHIP eligibility systems. Ours is totally Medicaid and CHIP, and we hope the exchange, and so we've got right here. We've got our quotes already, \$10 million to \$15 million it's going to cost us for our little upgrade. So we need those data exchanges quick, and whatever reporting requirements are going to be because that drives the data that we need to collect.

We'd like to see a way for dissemination of information about state HIT eligibility innovations and lessons learned, and just as important as really the first bullet is that we want to see express lane eligibility type eligibility processes for adults, as well as children, because there's no way that we're going to be able to get a half million adults in Louisiana enrolled in Medicaid rapidly, not to mention those who are going to be eligible for the exchange in 2014. And in terms of the urgency, this is our possible timeline right here that's very, very tight, and we have to begin writing our RFP in October because the procurement process, as several others have mentioned, in Louisiana is at glacier speed, so we thank you for this opportunity.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you, Ruth. Thank you, panelists. First let me apologize. We're not going to have time for a group break, but as individuals needs to please get up and excuse yourselves, do so. I want to try to keep us on schedule. I see a number of questions going up. We're going to devote 15 minutes for questions, so we'll go back to Aneesh's rapid fire, and let's start with Reed to my left.

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

Yes. This is to Bobbie and Ruth together. Bobbie, you talked about being able to do probabilistic determinations. Ruth, you sort of also kind of got to that same point around different levels of eligibility for different state and federal programs. The question is, how good is it, and is it adequate enough, and is Penny going to come and beat up on you because it's not statistically significant enough?

Bobbie Wilbur – Social Interest Solutions – Co-Director

Reed, I'll try to take the first cut. There's two pieces to ours. One is what we've called probabilistic searching to make sure that you're the right person in view. But we also do fundamentally what we've called the 90% rule on rules, which is, what we do is we basically err on the side of that last 10% are usually very specific aid codes that have very specific nuances to them that a person on their own probably would have difficulty making sure that they had the right information submitted and everything was there.

I think, in those cases, what we do is err on the side of sending it in. So we err on potentially a false negative going to the state so that they can make that final judgment about, and some human being, which is what Ruth was talking about, is going to make a judgment about whether that person is really in our out. I think you have to do that. And I think this one is going to be played with that as well. I think you're going to have to take 80% of them that are simple, easy, and chuck them off, and there's always going to be a place for humans and other people to make process that have to look at those apps and look at the ones that are more complex and make the right decisions.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Ruth, anything to add to that?

Ruth Kennedy – Louisiana Medicaid Department LaCHIP – Director

No. I think I agree. In terms of accuracy for the processes that we've had is the term, payment, accuracy, or error rate measurement, results that came out. Louisiana's eligibility error rate was 1.54%, which was with these kinds of processes, these automated processes, which was, we understand in the bottom 25% in terms of errors. And so that's why I say you can do this with these kinds of processes without adversely impacting your error rate.

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

Sam, I'm going to do it now. I just want to put a marker in. I think the issue of the fraud and abuse hurdle is one that I'm certainly going to want to be knowing about and, again, hopefully get Penny's comments some point later.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good. Thank you. Paul?

Paul Eggerman – eScription – CEO

Yes. I was actually going to follow up on that question. First, thank you, the three of you. Great presentation. Steve, you talked about your interfaces for eligibility, and I really had two questions. One is when you said you had hundreds of interfaces. Were you being literal?

Steve Fletcher – State of Utah – Chief Information Officer

Absolutely. You have to talk with not only all the federal systems, but all your state systems, which all have programs that you have to talk to. So we had to develop literally hundreds of specific interfaces that we ticked off. You have to have one to go to this program, this program, and this program. Yes, that's what it took in order to be able to provide it.

I would assume that as you add more programs that you're going to have to continue to develop those interfaces in order to exchange that data. There are lots of solutions for it, but you still have to figure out how to bring that data in or push that data out.

Paul Eggerman – eScription – CEO

You also talked about getting information from the IRS. How are you identifying the person? Are you using a social security number? How do you get the data?

Steve Fletcher – State of Utah – Chief Information Officer

Yes, we are, and so we, one, have to validate who that person is, and we do validate it through social security. We validate it there, and then we use it to go to the IRS, so there's a number of steps and processes that you have to go through in order to do that.

Paul Eggerman – eScription – CEO

Is there's a reason why you listed IRS and not your state income tax agency?

Steve Fletcher – State of Utah – Chief Information Officer

Because we do have, you do have to look at what their federal filing was also. Yes, we use that also. We use our state tax system also.

Paul Eggerman – eScription – CEO

Thank you very much.

Sam Karp – California HealthCare Foundation – Chief Program Officer

We'll go to this side, Oren.

Oren Michels – Mashery – CEO

Yes. I'm really gratified to see that you have the acknowledgement that there are humans involved, and not just data because that's what's really kind of important to see. One of the things I think we need to consider as a group though is that we're not just here talking about data, but the actual rules themselves. I think, Steve, you mentioned that the rules are in the application, in the program, which will make it very

hard to establish new programs and different programs, and have the rules out that may take advantage of those rules.

I think what we need to do is not just be creating standards or projecting standards around the data itself. That comes later. The first set of what you have to do is what are the rules for eligibility for each of these programs, and what is the framework under which we're going to communicate those rules for each of the programs?

The second thing we have to do is say, okay. Once you've established those rules, what is the framework for which we communicate the fact that someone has obeyed, someone has met all those requirements and that you then sort of submit that package to the system that actually processes the enrollment. What do you need to do? What is the package that creates the enrollment?

Then the third question is, okay, what data do you need to do numbers one and two? But I think that if we don't focus on the rules first and focus on this set of standards, then we're going to end up with a bunch of data, but no one is going to write applications against it unless they actually know what they're supposed to do with it.

Steve Fletcher – State of Utah – Chief Information Officer

Let me just make a quick comment on that. And I didn't really go into that detail, but one of the reasons for going to a rules based engine, a rules based process is so that you don't have to. You take some of the guesswork out of it, and you could have a standard eligibility worker, if you will, who doesn't have to know all the rules in all the different programs. You got the experts that will define that first, and then you don't have to have an expert for TANF, an expert for food stamps, and expert for childcare, reviewing each of those applications. You run most of that through the rules engine, and it helps simplify the process for everybody involved, including the eligibility workers that help to make that determination.

It is very useful, but then on the other hand, you should be able to leverage that if you have a basic system. Then you should be able to just put the rules on top of it, and you're right. We do need to identify what those rules are, but then we have to be able to roll that out a little bit easier and be able to share some of that information.

Oren Michels – Mashery – CEO

You have to because otherwise you don't have, you know, the people who are building these applications are not going to read all the statutes and look at all the regulations, understand this stuff. The programs themselves, if we're basically saying, okay, our job here is to make it easy for people to build systems around doing these enrollments, our job is to give them the tools they have to do. One of those tools is data.

The other tool is the rules, and if you give the programmer rules and data, a programmer can do anything. And so that's where you start. If you don't know one, or you don't know the other, then what you're going to be stuck with is you're going to be stuck with essentially what we have that we're talking about that's sort of the step we have so far, which is, okay, here's the form. Fill this stuff out on the form, and then you might have to go back and type it in and see what happens and look at it, and review it, and all that kind of stuff. You're going to have a hard time getting away from the manual systems.

Bobbie Wilbur – Social Interest Solutions – Co-Director

The only thing I would like to add to that, just to say that the way you build your rules engine is critical because it also leverages your capability. Yes, any developer could build the rules and come out with an

end result, but you want to be able to build your rules engines so you can reuse it for additional programs and reuse that ... structure for the next steps.

Steve Fletcher – State of Utah – Chief Information Officer

Absolutely. Not only that, but also that if you can say, okay, this person has been enrolled in this program. Therefore, we know they've met these set of rules. That means, by definition, they've also met this rule, this rule, this rule, and are ... check that if we go to the next one.

Sam Karp – California HealthCare Foundation – Chief Program Officer

We are not going to be able to have enough time to have everybody ask their questions, so we'll do three more questions, start with Terri over here, and Deborah—other people have had a chance to speak—and Anne. Sorry, Gopal. But please keep your questions brief, and also the responses brief.

Terri Shaw – Children's Partnership – Deputy Director

First of all, thank you all for being here. I really enjoyed your presentations. I want to focus in on one aspect that all of you touched on, which is the client facing or consumer-facing interface. I'm mindful of Claudia's admission that we need to not be looking at standards for standards sake, but really be looking at those areas where standards, the lack of standards or competing standards impede our progress.

In putting together online applications or other consumer facing tools, are there particular standards gaps that exist that you'd want to emphasize for us to take a look at? I'm thinking of things, for example, about literacy, you know, things that we can put together that make it easier to actually reach the client where they are and enable them to actually make use of these tools, anything around literacy issues, language issues, the mode of communication, disability issues, anything along those lines.

Steve Fletcher – State of Utah – Chief Information Officer

I would say, more than the standards gap, I'd say, and I don't want to be mean in saying this, but I think that there is more of an issue with there are barriers that are put in place because of programs that don't allow sharing, don't allow development. So it's not the fact that there's a lack of standards, but there are too many barriers that are already set up that you aren't easily able to work across. I would probably put it in, if you were going to change things, if you were going to look for gaps, you would look for opportunities in which to tear down some of those barriers or share that information more easily, not that it's not available. It's just that you're not allowed to.

Bobbie Wilbur – Social Interest Solutions – Co-Director

I agree with Steve. I think that's the fundamental barrier, and so we've got to move this from being a program requirement to a consumer directed process where I'm giving access to my data as opposed to the program allowing somebody else to do it. If we don't do that, we will not get through the barrier of getting data exchanged among parties.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Deborah? Penny, a response?

Penny Thompson – CMS – Deputy Director

No ... which is, is it because people don't want to, because the law forbids them from doing so, because they don't have the money to make it happen? The barriers that exist where one program has the data, and you need it, and you can't get to it, what is the barrier?

Bobbie Wilbur – Social Interest Solutions – Co-Director

Most people....

Penny Thompson – CMS – Deputy Director

Is it a statutory barrier, a legal barrier, a resource barrier, or a priority barrier?

Bobbie Wilbur – Social Interest Solutions – Co-Director

I think it's actually a fear of being found that they did not interpret the rules correctly and, therefore, they're going to get sanctioned or have other kinds of issues or considerations. It's the fear of doing something wrong that keeps them from doing the right thing, in my opinion.

Steve Fletcher – State of Utah – Chief Information Officer

I would say, and sometimes there is some statute barriers that say we can't share information. I think that's true. There are other times, and we're not going to talk about funding and what not, but there are some times when funding incentivizes people to not change the way that they're doing the business. And there's an incentivization to say yes, I'll take 90/10 funding all day long, even though I should do something different that might be – it only qualifies as 50/50 match. Until you incentivize the business to change the way that they do things monetarily because that's where the budget comes, then you don't get as much radical change as you might enjoy.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Deborah, this sounds like this is consistent with your experience in New York.

Deborah Bachrach – Bachrach Health Strategies – President

Yes ... culture, money, and then statute in that order. But I have a slightly different question. First of all, your testimony, all of it was fabulous. I know our charge is not to do policy, so we can't have the discussion about Medicaid's relationship with the exchange and CHIP and then Medicaid's relationship with social services programs. But I think that's also a question that fits into our charge, which are standards and protocols to facilitate enrollment. If we come up with the standards and protocols to facilitate enrollment into health insurance programs for consumers with income from zero to 400%, in other words, for Medicaid through the subsidies or exchange population, we look at those protocols.

I'm listening particularly ... to what you said. Will we facilitate ultimately, immediately, enrollment in social services programs? In other words, if we keep our eye on what I think is the major goal of the Affordable Care Act, that is enrollment into insurance programs, will we also be setting up a base that we can come back to what we simultaneously used to facilitate enrollment into social services program?

Ruth Kennedy – Louisiana Medicaid Department LaCHIP – Director

From our perspective, perhaps facilitate, but so much more documentation, verification is needed in order to establish that eligibility for SNAP and cash assistance than it is for Medicaid or CHIP or the exchange, as I see it. So there is somewhat of a disconnect there. Facilitate yes, but unless we're going to get the verifications and documents that you need from folks and hold then to the standard, the verification standard for those more precise programs, that's the choice that has to be made here.

Bobbie Wilbur – Social Interest Solutions – Co-Director

I just want to point out that I think the law actually is not that unclear that it does say other social service programs. If you look at 1561, your charge is other social – how you define those might be what the committee works on, but I think it's got to be broader than just the base insurance and Medicaid programs.

Sam Karp – California HealthCare Foundation – Chief Program Officer

And we will grapple with that. Anne and then just the last question from Stacy.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Hello. Steve, I'd like to ask this. Did you create a separate enrollment system on top of all of the interactions that go on behind the scenes where you collected data on each person and what they were eligible for?

Steve Fletcher – State of Utah – Chief Information Officer

No, we took all of our existing cases and rolled those over and then applied the rules to them to see what other ... available to, and then we've just added them as we've gone along.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

When you apply those rules or if you had a failure or if it was, well, even if you had a success, if it rolled over to the other program, did they then re-execute all of their rules? Just causing a roll down affect of process and operation.

Steve Fletcher – State of Utah – Chief Information Officer

Yes.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

I'm just curious how yours works.

Steve Fletcher – State of Utah – Chief Information Officer

No, well, before they did that, they had to get back with each one of those individuals and notify them, but that was one of the purposes to say, yes, you're now eligible for these additional benefits.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Was there an opportunity for that to not be true when it went down to the actual agency that provided the service?

Steve Fletcher – State of Utah – Chief Information Officer

Opportunity for it not to be true?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

That they were in fact not eligible, that you might have applied a rule...?

Steve Fletcher – State of Utah – Chief Information Officer

Yes, we did have to clean up a lot of that.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

So you're applying. There are two sets of rules being applied.

Steve Fletcher – State of Utah – Chief Information Officer

That's right. Yes, we did, and we had to go back and clean up that because – and that created kind of an interesting scenario because there were caseworkers that said I have interpreted it this way, and other caseworkers said no, I didn't interpret it that way. And we had to go back up to the final authority to say which way is it so that we could clean that up. And we had to go through....

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

I think that could be a concern for the customer facing part of this because there are so many rules that have to be applied twice that there could be a lot of confusion back to the person who was impacted by those inconsistencies.

Steve Fletcher – State of Utah – Chief Information Officer

Yes, that is true.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Stacy?

Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy

...followup question. I've seen how e-rep works, and I think lots of systems do all of the matches that you listed. In fact, they're required to, but what's so extraordinary is how fast it happens in Utah, that it's happening real time. And so a caseworker will have a client on the phone, will be able to—I don't know how it works because I'm not a techy person—go out, verify with what they're saying on the phone whether the systems match it, and then take the action that we've just talked about according to any number of the programs, whereas in other states, that could take seven, eight, nine days or several weeks. And you also have a philosophy oriented around same day service. Can you just talk for a minute about how you made it happen so quick in terms of seconds where other states it's taking days or weeks?

Steve Fletcher – State of Utah – Chief Information Officer

I think part of it is, as the question was earlier, it's a lot of the interfaces that you have to put in place. We've also changed our technology. We did bring it off of the mainframe. We have used a number of different services in order to capture this, and that was one of our concerns is what the performance of that was going to be because we had to provide that information, as you say, real time because you've got guys on the phone that need to access that.

And so all of that was built into the system, but it was, you have to make sure that the information is available to be able to pull it, as opposed to a lot of times when you're using older systems, you're using bad systems, and they have to be updated on a regular basis like overnight or every two or three days, something like that. All of this, all the information we tried to make available so that it could be pulled instantaneously, and then you go through your process. But part of it was identifying and making available online all of that information, which is part of what we're trying to do here, as we go forward, is looking at how to pull that data from whatever source very, very rapidly.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you. It really reemphasizes the point of real time service to customers. Please join me in thanking this panel, and let me ask that the next panel get seated, and we're going to try to get started right away. One of our presenters is going to be on the telephone, so we're going to set up his presentation first. Wes, are you there?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes, I am.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Terrific. Welcome. We're going to just go around, do a quick round of introductions for each of the panelists. Wes, why don't you please start?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Sure. My name is Wes Rishel. I have been working in the area of interoperability for healthcare systems since Moses was a lad. I sincerely hope to see some of it before I die. My day job is working for Gartner as an analyst in healthcare IT.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you. Julie?

Julie Rushin – Internal Revenue Service – Deputy CIO

I'm Julie Rushin. I'm the deputy CIO for Internal Revenue Service.

Paul Swanenburg – SSA – Senior IT Specialist & Program Manager

I'm Paul Swanenburg with Social Security, Project Manager for a number of data exchanges over the past 25 years, so most recently what we'll cover today is the citizenship exchanges.

Bryan Sivak – Government of D.C. – Chief Information Officer

I'm Bryan Sivak, the CTO of the District of Columbia. I apologize if my voice is a little raspy. I spent all afternoon Saturday yelling at the television with the U.S. guys playing soccer, so apologize.

Sam Karp – California HealthCare Foundation – Chief Program Officer

The first panel today talked about the opportunity and the challenges within that opportunity. The second panel was beginning to look at best practices. This panel is designed to introduce emerging technologies and approaches to standards based data exchange. Wes, why don't we start off with you?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Thank you very much. It's a privilege to be here. I would suggest moving to the next slide, please. My mother taught nursery school, claims this story is true. I later saw it in *Reader's Digest*, so I'm suspicious. Mr. Johnson brings Johnny to school, gets the teacher aside and says, Johnny is very sensitive, so if he misbehaves, don't hit him. Hit the kid next to him, and that will scare him, and he will straighten up.

Why is that in a discussion on interoperability? Because that's how interoperability looks to most system managers and project managers for systems. You make a lot of changes to your system in order to have compatible data so that we can make this interface work, and somebody, usually somebody else will get a great deal of benefit. That dynamic by itself represents an ongoing challenge to all efforts such as this, and ultimately mediates the approach. I had the privilege of working with Aneesh and others in developing some of the principles that were presented at the start of today's testimony, and that underlying business factor alone is a significant reason why they're important.

Next slide, please. In my vast experience trying to get something to work in interfacing, and by the way, I followed HIPAA very closely, I would suggest that in looking at the things standardized, you consider core data elements and also the codes and structures. For example, ethnicity has undergone a significant change in systems, sometimes called the Tiger Woods phenomenon. And as result, systems vary in terms of their ability to exchange information around ethnicity.

I'm going to come back to signature, but there are issues around the differences between electronic and digital signatures that are important, and I'll reflect on later. It's also important to recognize signatures of the applicant of third party data sources. Data formats are important, but I make them less important than the other things on this slide. Data formats can be handled in interface software.

The business functions are more important than the data formats. Some of them will be very discrete events, and some of them will be general give or get kinds of transactions, and I'll talk about that a little

later too. Privacy and security, I think that a previous slide listed some important characteristics. I added identity vetting and package integrity to that.

Identity vetting means the pre-authentication work that lets you know when you authenticate a person that the person, you know, on the Internet, nobody knows you're a dog. Well, you want to know this is not a dog when you're talking to them. And package integrity is assuring that data, assuring to a level of forensic reliability that data has not been changed at some point in the process.

Next slide, please. This is our ... lecture for the day. There is this metaphor that computer people keep using in talking about standards, which is impedance matching. It's a little obscure, and the diagram helps to obscure it, but effectively what it says is that you get the best. The metaphor means you get the best data transfer possible if the system that's sending the data and the systems that are receiving the data are about the same in terms of how complex they are at handling the data.

If the system is primarily an image based workflow system, it's going to have difficulty sending data to a system that uses computer rules to process claims. If a system that is in that mode needs to send data to another system that's still in the world of people making decisions, then there are issues in that direction too. A byproduct of the electrical engineering finding is that even in the best circumstances, you'll probably get less than – in the power situation, you only get half the power toward the interface, and in interoperability probably go way less than half the data that you can really think about getting across an interface.

Next slide, please. Over the years, working in the area of claims attachments and others, I worked very closely with this issue of how do we impedance match across systems that are quite variable in terms of their ability to understand the same data the same way. I have developed, over the time, a strong view that the data formats should support multiple views of the data and be sent, in effect, send the data redundantly. Why is that? It's because you can get from each sending system the best data that it's capable of sending, and you can use it at the level of the receiving system.

In the arrow that runs lower left to upper right where you may not have all of the data structured the way you want it, it boils down to is that useful for the, pardon the expression, smarter system on the upper right. Many systems have ways to deal with input that is unstructured or partly structured and handled by a person before it goes on to the structured data, so it usually means that the receiving system is more efficient when dealing with a comparable system, but can still save time, save money, increase throughput by being able to accept data from a less capable system.

Next slide, please. The importance of what I've been talking about in terms of impedance matching, the long lifecycle, the long cycle time to change systems, and so forth is a phenomenon I call frozen interface syndrome. A few people there will remember the time that our government and the governments of NATO and other countries and virtually all the technology companies in the United States got together and agreed to replace TCP/IP, which is the backbone of the Internet, with a new and better protocol, and it was better, and a whole lot of work was done.

Sub-treaty level agreements were signed. The Department of Defense said it would no longer buy old style systems after a certain point. GM laid out their plant force strategy based on this new, open interface systems technology, and it just never happened. It's never been formally cancelled, but that was 20 years ago. It hasn't happened. We can be pretty sure it's not going to happen.

Why did that happen? Because the rules in interfacing are not, if it's not broken, don't fix it. The rules are, if it's not broken too bad, don't fix it, and that relates to the conservatism in changing systems, the

inertia in changing systems and the fact that you have to change systems simultaneously across the network in order to create an upgrade. So it is my fervent hope that as you go forward, you will pay close attention to using data formats and other factors that expect and allow for different levels of the interface to be running simultaneously at the same time.

Next slide, please. Putting the consumer in charge, I wrote a blog about this, which probably has something to do with why I was asked to testify today. And, as a result of that blog, I have a lot of friends who now think I'm crazy, so hopefully I can do a better job of explaining it here. My notion is that there are valuable ideas in the technologies that are being used to implement personal health records that could be adapted to put the consumer in charge. The issues are control and transparency and source authenticity.

Let me talk for a minute about source authenticity. A data set these days, that is the exact image of the data that was received, can be digitally signed and that all of the information needed to verify that digital signature can be done in a way that virtually assures that any change to the data can be detected. We have not done that much, but the technology is there. The ability to roll out the technology to a few thousand systems across all of the states is probably much more feasible than the problems that people have had rolling it out across millions of users.

If you assume that there is a thing called a trusted data bank, and anyone can externally verify who provided data and that it has not been changed, then you can think of a system that does put the consumer in control. The consumer would be able to fill out forms, that is, create and sign data sets of their own. There would be the time, and the authenticity from the consumer would be verified by their seal of authenticity.

The consumer could edit those things that they signed in the first place and create a new data, a new signature where another data source, such as an insurance company or a government agency, were to send data. The consumer could authorize that and, in the process of authorizing it, establish the identity relationship beyond the level of a probabilistic match. That is, the consumer himself vouches for the way I'm thought of in that third party system being the same as the way I'm thought of in the trusted data bank. A consumer could authorize a one-time data transfer in or out.

I believe, although this is a policy issue, I believe that the consumers should be able to view all data sets with almost no limitations. I don't believe that the consumers should be able to change data sets from another source, but they should be able to attend a comment to that data set, and that comment should be available to all who view the data set. And the consumer should not be able to delete data that they didn't originate, except by some acceptable process.

Finally, the consumer, and this is very important, should be able to authorize access to the data by third party advocates that they trust to represent their position. That may be a person. It may be a company that may be, who knows. It might be somebody who is doing their online banking, but it's very important to make the benefits of technology available to the most number of consumers.

A data user that wants to use some of this data to complete a function, such as validating eligibility, would establish an identity relationship with the consumer. The consumer might do that by filling out a form or logging into their portal, and then be able to withdraw those data sets for which it was authorized. They could also – where the data didn't come from the consumer, but from a third party source, they can validate that it is authentically from that source. The user would be expected to provide a history of its access and perhaps some process updates into the data bank so that the consumer has some idea of

what's gone on and where they are in the process. And the data user has to do some things to maintain their seal of authenticity.

The databank, most importantly, is trusted by the data users and data sources. That is to say, it's not just any business. It's a business that has met some certification, or it's a state agency itself. It has to continually meet rigorous standards for security and privacy, provide forensic quality logs of information in and out, and most important to this being a viable proposition, it has to warrant its ability to hand off the customer's data to another bank on request so that there is no reservoir of power built up in the operator of the trusted data bank because of the reservoir of data that it has built up over time.

Next slide, please. This is a quote from a fictional character, but it strikes me that what we're about is exactly this. We're not creating from nothing. We're creating some order in the midst of chaos. Unfortunately, the fictional character is Dr. Frankenstein, but nonetheless, I think the quotation is valid to what we're doing. That concludes my testimony.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you, Wes. Julie?

Julie Rushin – Internal Revenue Service – Deputy CIO

I was asked to talk about the federal student loan application process, and you probably wonder why IRS is talking about a Department of Ed application. You actually want to hear me. All right.

Here's what happened. In 2007, Department of Ed started conversations with IRS saying we want to simplify the student loan application process, and we want to do that by getting access to IRS data, to tax data, so it can be just popped into the application that the student is applying for loans. We said no, no way, never going to happen. It requires signature. Never, ever, ever going to happen.

Fortunately, or unfortunately, depending on what seat you were sitting in at the time, we had a little intervention at that point in time called the Stimulus Act, and so some of us had to go issue a bunch of checks out to a lot of folks, and we were diverted from that for about 14 months. However, it did come back, and we went back to work with Department of Ed to figure out how to do it, particularly after there was a law that passed that said that we would do it.

But the law failed to – yes, I know. This is actually a very funny story. The law failed to allow us to give that information to Department of Education, so we had still a problem on our hands because we had the data. They wanted it. We couldn't give it to them without a written authorization. We figured out a way to do it, and we deployed that in January of this year.

I'm supposed to be going through slides, but I'll never remember to do this, so whoever is – yes, if you don't mind because I'm not used to sitting, and I'm not used to running the gizmo.

What we did is we set up a little application, or a little interface with the Department of Education so that, as a parent or a student, when you come online to do the online application, you can come. As you're going through the application form, you will get to the tax area. When you get to the tax information, there will be a link that brings you over to IRS. When you get over to IRS, we will ask you a series of questions to authenticate that you are who you are, and then we will provide you back in your Web browser the information that you need in order to complete that form.

Now we didn't. As you note in my conversation, we did not provide the information back to the Department of Ed. We provided it back to the parent or to the applicant. We did not provide it to the

Department of Ed because we did not have written authorization that allowed us to get around Section 6103. So we provide it back to them in a Web browser, and then we provide it to them in such a format that once they've looked at the data, if the data is correct, they can push a button, and it will go in and populate the application. But that's their choice. We've provided it back to the individual, and that's the way we've been able to work within the 6103 requirement is to say we have to have a written authorization to provide information to a third party.

How does this interact with our current programs? Quite frankly, when they come in, it's online. It's real time. We go up against our individual return transaction file, which is the record of your tax returns, and we pull that data down, and we give it right back to them in that format that that can actually just push the button and populate into their student form.

Now authentication, you know, is a big issue, and this is tax data. We don't freely give out your tax data, and I'm sure that you're all very grateful for that, but we have said that this is a level two, so we were looking for level two security-wise. So we were looking for a solution that would give us two-step authentication.

We got there by the fact that education actually does authentication, and you have to get a PIN when you're applying for student loan, or if you're a parent filling out that part of the form. You have to get a PIN, so there's level one. Then level two is when you come over to the IRS Web site, and you again authenticate with certain questions.

We have the questions on this screen, and we actually, you know, a lot of conversation has been taking place around data and standards and such and such and such. Well, let me tell you. We've got all sorts of data with a lot of different standards over the year that we're trying to standardize, but there are probably 40 different interpretations of how we put your name in.

There are probably 40 different interpretations of what your AGI is. And so when the student or parent fills this out, it has to be exactly what was on the tax return. That's the only way we authenticate, and that's the only reason we'll provide the data back to them. Then the next slide just shows you what it looks like when we give it back to them, and that's basically it.

This is actually a pretty short presentation, but it has been very successful. Six hundred and twelve thousand people have come through and asked for their tax information. Fifty-three percent of them got it back accurately. You know, you wonder about whether 53% is a good number or not. We have several applications that are online now and that deal with authentication.

And that's pretty consistent with what we're seeing across the board, even with education, that 50% success rate seems to be a fairly standard thing, and I don't know if that's because when people come in, they make a mistake. They get kicked out. They come back in. We have provisions that if you do that three times, you're out for the day, and you have to come back tomorrow kind of thing. But it's been a fairly successful program.

We have some planned enhancements. Obviously the Spanish language version is something that's really important to us and to make some of the fields non-editable going forward. Education has a desire that when the data comes back to them, it has to come back to them in the format that we provided it to the student or to parent so that the data can't be changed. We've made some changes there too, so this was a pretty quick little program that we did in about seven, eight months. But it demonstrates how you can actually work within the rules and share data between agencies, and I know that we're going to be sharing a lot of data with HHS going forward. Henry and I will be seeing a lot of each other.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you, Julie. Paul?

Paul Swanenburg – SSA – Senior IT Specialist & Program Manager

I was asked to speak about the citizenship exchange that SSA recently developed as a result of the CHIPRA legislation and how it also positions SSA to move forward on the healthcare reform, the Affordability Care Act for the high risk pools and position for 2014. To do that, I think we really need to step back a little bit and see what SSA has done as far as setting up data exchanges because it's not just about citizenship. It's also about matching on what we generally refer to as identity matching.

Part of what happened was, if you take it back a number of years, the income eligibility verification system was set up so that, as individuals applied for various programs, they had to come to various federal agencies to get information. Social Security was the main player, as it came to identifying who that individual was, so the things we were looking for was to provide a match for the programs that were out there, AFDC, at the time, food stamps, what have you. But these various programs needed to know, are we dealing with the correct person?

What SSA had in place were a number of exchanges, which actually were used under that IEVS umbrella. The problem was that not all of them used the same rules, so in some cases you could get responses from SSA, which indicated that in some cases, yes, we could identify and match on that information. In other cases, that particular exchange did not allow us to do that. So what we needed to do was to provide sort of an on the bus query, which would allow some uniformity in this process and get away from these different responses.

I was involved with the design and the development of what we refer to, and it's been mentioned earlier here, the state verification exchange system. That SVES system is the basis for what we're doing now for the citizenship match because what it does is permits you to come in, do a match on the individual's identity, and then we shoot off to get some additional information related to citizenship for that part of the match.

Now what we did was when we built that process, we didn't realize how popular it was going to get. Essentially that's a batch process, and what that does is it has been built to give you a lot of additional information, so not only can you come in and get identity match on that, you can also get death information. We have links into prisoner data, links into 40 quarters of coverage. There are a lot of different things that we've built in that process.

We also realized that having something in a batch environment was not really where we needed to be, so what we did was we built a companion piece, which was a state online system, a state online query. That's been built, and it's been operating. Currently I believe there are about 27 or so states, which actually use that online capability. With the batch process, SVES, we have the capability to do matching, and we do matching with all states, all the states in D.C., so that is being used, and is pretty popular.

Now where we are right now is you have – we're projecting at this stage you're going to have roughly for this fiscal year, we're looking at somewhere probably exceeding 660 million transactions coming into that process. What's really important is if you look, you have a tool like that that's out there, and you're asked to build something to provide information, for example, the citizenship information. You don't want to go out and build something that's a lot different. If people are familiar with how to do that, and given the constraints that we had with respect to the timeframe the CHIPRA legislation was passed and became

law February 2nd, I believe, 2009, SSA had to provide the citizenship data to those states, which wish to use it by January 1st.

What we looked at was we said, we have something, which all states can interface with. That's the batch process. Let's bring that up, and then we'll look further out to what we're going to do with an online capability for that. That's what we've done. We put that process in play. Since January of this year, we have—I looked at the statistics up through this past weekend—roughly about 8.4 million requests for citizenship information from roughly 28 states.

Initially on the match process, what we ran into was a match rate, as I mentioned a little bit earlier here, about 94%. With that 94%, however, that sort of dropped off a little bit because a lot of states were trying to be a little enterprising in saying the one stop shop. Let's come in, and let's get all this information. We'd like to get prisoner data. We'd like to get a few other things. But because of the legal constraints and what have you, we were advised to build that process. Simply, you would come in of the citizenship match.

You could do the identity part. You could get death information, and you're restricted to the citizenship information. If we ask for something more than that, it dropped out, and that's why we've had the drop down. A number of states have tried to pull all that other data in. So that's maybe a challenge, as you look ahead at how do you do that type of thing, and how do you bring it in.

The next thing I'd like to mention also is that we're looking for an online capability for this. The online capability is under consideration, and we will start working on that start of fiscal year. Actually, we're doing some planning right now, but start of fiscal year 2011, in that year we will bring up the online capability for that process. I know there are a number of states that are very interested in having that capability built in.

As part of this process and what we're doing, and I'll touch on some of the items that we have here. I mentioned already that it does the identity match, along with the citizenship matching. We also have this in an approved network. What SSA has done in terms of working with the states is we have a secure network, the file transfer management system, which uses Internet protocols, as well as dedicated lines, what have you, to transport the data back and forth among the states. And we've paid for software to install in the states so that they could use this capability, so we want to know who are the customers that are receiving this information. This is very sensitive information that we provide over this.

If you look at the exchange, as I mentioned, the information, not only are you getting identity match, but you're getting benefit information, the prisoner data, a ton of information that goes out over that process. So we're using that system, and that's what we decided to use for the citizenship exchange as well. You've got something in play. You've got a short timeframe. You had roughly about ten months to put that into action, so we used that existing network, and we said we'll have to develop other capabilities, as we move out on that, but that's the basic framework.

The other thing that it enabled us to do was to use an existing process where we had for agreements. We needed to know who we were dealing with. Essentially, at the end of 2009, calendar year 2009, we had to upgrade the agreements we had with all the states. So what we tried to do in this case, before we had individual agreements with individual agencies. We've moved to a number of states who have worked with us on this. Designed this essentially at the governor's level to get that umbrella level for the computer matching and privacy protection act agreements. Then, with the actual implementation for some of the exchanges, we would sign individual information exchange agreements. That enabled us to move that out for specific types of exchanges with those agencies.

What I'm showing on the chart up here is that you have the state Medicare and the Medicaid and the CHIP agencies. If there within that existing framework other agreements within that whole process, it's very easy for us to say, okay, we've modified the agreement. We can share that data. You can send a query to us. We'll give you that information right back.

The problem and a little bit of a challenge has been if you have the Medicaid or CHIP agency that sits outside of what we've normally dealt with in that entity. That's where you have a problem. You have a drop off on that, and that's where the challenge has been, not only in the agreement side, but on the security side.

Do we know who we're really sending that information to? Do we have that? I believe that's caused a little bit of delay in some of the states in terms of coming in and using that, the 28 states so far. Every once in a while, we'll see another state come in, as a week or two goes by. We'll see some of that increase. That was what we did for the CHIPRA legislation.

Now what we were required to do under the Affordability Care Act was to put up a process that would be made available to the states within 90 days from signing that legislation, so that meant when it was signed on March 23rd, I believe it was, SSA had 90 days, so we have to be up and available by June 21st, so this weekend, we're releasing software that makes that available.

As a practical matter, very few states will be able to get that in play by that time. The fact is, they need to sign agreements. They need to come into us and use that process. In order to do that, the only way they could do it is if they were already in the existing umbrella, essentially with the agreements, the CMPPA agreement sitting over that, do a modification to the minor agreement, and then they can come in and use it.

Now SSA is positioned that we can do it. The practical matter, as I said, it takes a little bit longer, so we'll have that up and available. And as states have a network and have that process in place and sign an agreement with us, then we'll bringing them on, and they can use that whole process. What it does though is, in that timeframe, we do not expect any state that's opted out, that is they said that they want HHS to administer that program, or if they're outside, they have that agency outside that existing framework, that's not going to happen.

Now what we'll try to do here is we've looked at, as you move forward, up until 2014, there are different ways that we're going to have to look at how that process can be handled. And one of the things we're doing right now is we've having discussions on a weekly basis with HHS. CMS is involved, the Department of Homeland Security, so that we can see how we can do this network, how we can set up matches with the appropriate parties to bring that exchange information to them. That concludes what I needed to cover today here.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you, Paul. Bryan?

Bryan Sivak – Government of D.C. – Chief Information Officer

Hello. Good afternoon. I appreciate the opportunity to testify today on standards to facilitate enrollment in federal and state health and human services programs. As requested, I will be discussing the application of the District's open 3.1.1 application programming interface to these uses and will then address the four issues specified for the panel.

For those of you who don't know, an API is an interface provided by software applications that allow them to programmatically interact with each other. Businesses that operate on the Internet commonly use APIs to facilitate and encourage interaction with their applications and core data. The District of Columbia was the first city in the world to launch a publicly available API, which allowed for programmatic access to our 3.1.1 system.

In 2009, we launched our 3.1.1 API as a platform for developers participating in the district's second Apps for Democracy contest. This contest asked developers to build applications for consumer technologies to make it easier for residents to request 3.1.1 city services such as tree removals and street repairs. The code behind the District's API is open source, which allows anyone to use it and to build on it, so developers were able to use our API to build several applications. Some examples are, first of all, an iPhone or a Blackberry application that allows a citizen who spots a problem, such as a pothole, broken meter, graffiti, other issues within the city to photograph it with the phone's camera, capture the location with GPS if that's available, and instantly submit that as a new service request into the system, or a Web based application that allows neighborhood association members to join in on a neighborhood walkthrough and submit multiple service requests on the spot for all of the problems they identify.

Next, the District initiated a collaboration with other large cities in the U.S., including San Francisco, Los Angeles, Seattle, Boston, New York, and others to create a common, multi-jurisdictional, open 3.1.1 API. Our collaboration has employed an iterative process to steadily improve this interface. We built an initial version and then partnered with San Francisco to build the first open 3.1.1. That was a couple of months ago. And then revised that version with San Francisco based on feedback from developers, the public sector, as well as the vendor community to release version 2, which came out about 3 weeks ago.

The result is a workable, flexible, common, open 3.1.1 platform. Developers anywhere can use this to create mobile and Web based service request applications that work in and for all participating jurisdictions. For example, a District resident can use the same application to report a pothole in the district and then check the status of that pothole repair while on a visit to Boston, and the very same application will allow a citizen in Boston to request and track his or her own city services.

We've recently expanded the uses of our open API in the district. We're partnering with private sector organizations to launch innovative applications that will allow citizens to submit all service requests directly into the district's 3.1.1 data via cell phones and Web browsers. We're also using the API to integrate with the systems on police mobile laptops, so officers on patrol can enter service requests directly into the 3.1.1 database rather than e-mailing them to agency employees for manual entry into the database.

We're also using the API to integrate our 3.1.1 system with the *Washington Post's* regional service request portal, so that government employees won't have to check the *Post's* Web site to keep track of the service requests that are submitted there. It is kind of amusing. These private sector partnerships have proven that the availability of the API's potential to spur innovation, create jobs, and provide a simultaneous benefit for the residents of the District and the government alike.

The same open API model can be applied to the development of healthcare applications such as the one identified here, specifically, a consumer portal to help manage eligibility information and processes across multiple programs and jurisdictions. In fact, an open API can be leveraged to develop applications that will allow consumers to enroll in available programs and to participate in the management of their own care across programs and providers. Government can play a critical role by leading the design of an open healthcare API, perhaps by a consortium representing government programs, private health plans, providers, and consumers.

Once the API exists, government and the private sector alike can and likely will use it to develop any number of applications that help advance the implementation of health reform. As long as appropriate standards exist for such applications, healthcare programs in all jurisdictions and private sector health plans can have flexibility about which applications to use in their operations. Standards for the applications developed with the API will have to address such key issues as user authentication, authentication of information, common data elements and formats across programs and jurisdictions, security of sensitive data such as personal health information, restricted access to certain types of data, and user friendliness of applications for a broad population with varying levels of education and computer literacy.

As my remarks thus far have suggested, I believe there is an excellent opportunity to move to a Web services model for program enrollment and probably many other aspects of healthcare program management. Low cost tools for building such applications are readily available. Consumers are increasingly comfortable with Web based commercial services for a variety of applications, which require strong security and privacy.

Our experience in the district shows that the same is true for government services. Over the last decade, we have converted about 200 physical location based or telephone based government services to Web services, and our citizen feedback indicates very high rates of customer satisfaction. Shifting to Web based services has also allowed us to reduce government operating costs while improving service delivery, an imperative for virtually all jurisdictions for the foreseeable future.

With a set of standards agreed upon by all interested parties, there is a good opportunity to adopt a platform based or enterprise service approach to facilitate enrollment in federal and state health and human services programs. An open API is a critical component of these standards, as it would allow developers to create applications for uses such as enrollment and health records management that would have to meet common, basic standards, but could be customized as necessary for separate programs in varying locations. With open APIs, these programs can be created and maintained at low cost by any private sector entity and would be guaranteed to operate across plans, institutions, and jurisdictional boundaries.

Whether and to what extent consumers can or will want to manage their own eligibility, enrollment, and health data is less a technology issue than a complex health policy issue. From a technology perspective, I'm confident that applications can be built that will make it easy and convenient for customers to manage data in a secure environment. However, to make consumer self-management workable across broad populations, we will have to address challenges such as interaction and collaboration between the consumer and the health professional, security of sensitive information, protection of certain information from access by health insurance, and other issues.

The kinds of standards that may be most useful in accelerating the move to Web based services and consumer participation fall into three areas: user friendliness, data protection, and role definitions. For consumers to adopt Web based self-management of enrollment, records management, and other functions, the applications will have to be as clear, simple, and intuitive as the most successful consumer applications. This will be particularly true for the Medicare population, many of whom are still not tech savvy or even tech comfortable. Consumers will also want assurance that electronic data repositories are secure and that additional access to some data is limited to the primary care physician or other treating healthcare practitioner. At the same time, healthcare consumers will likely bring to the issue of self management, the same concern they brought to the overall national healthcare debates in 1993 and 2009

that the relationships with their own doctors will not be compromised by self-management regimes and tools.

In conclusion, I believe that there is a bright future for increased consumer participation in self-management of healthcare processes and records through the use of Web based services. I'm confident this committee can develop the standards necessary to facilitate that future, and I appreciate the opportunity to contribute to this work. Thank you very much.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you, Bryan. Thank you to all the panelists. Questions, comments, Reed?

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

Paul, I was – first of all, all the panelists were terrific, and thank you all very much. The approval process, so once you're in that network of approved, how good is the approval process? How secure is it? What concerns me is if some of this data is criminal justice data, why would a consumer, a poor person from urban America who may have had experience with that system, why would they want to participate in this kind of a system to get eligible for insurance? Wouldn't that shield them away and, as a result, defeat some of the purposes of what this is all about, which is trying to get people to engage? How can we assure people that this data won't be misused?

Paul Swanenburg – SSA – Senior IT Specialist & Program Manager

That's a good question. I think you have to take a look at basically what we were required to do. SSA, sort of surprisingly, was asked to deal with the prisoner data that was out there. So, as a result, you wouldn't think of this as normally the agency that would have the prisoner data.

And, in fact, I think it was President Clinton that was looking at this. I think he turned to our commissioner and asked him, "Why is it that you have all this information?" I think it was because of the legislation the Congress had that put us in the position of saying we couldn't pay benefits to people who were incarcerated for this period of time, so we actually had to go out and create these databases. Once we created those databases, and knew we had to share them, we were limited to sharing that with a few specific programs, so that's where we got into saying let's make those agreements as tight as we can make those agreements, provide it over a secure and protected network that's encrypted, and only for those purposes for which that information is entitled to be shared.

Part of what we got into on that was, as I mentioned a little bit earlier, when we set up this exchange for the citizenship match, our attorneys looked at this, and we said, well, the programs that are getting the citizenship match are not entitled to the prisoner data, so that's why we've built that exchange to say that there have to be codes in that process so that when you come in for the citizenship information, you will not automatically get those other links out to the prisoner data. Those are the kinds of things we look at. Then, in addition to that, our CIO's office has the responsibility of doing periodic checks where we go out, and we actually do onsite inspections with the sample to see exactly how was that prisoner data managed.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Claudia?

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Always about this time of day, you're trying to make sense of everything you've heard and digested over the course of the day. And I guess one of the things I think we're trying to do is not, again, to describe a particular unitary, uniform use case, but to think about the variety of use cases that standards might

serve, but different use cases kind of bring up different issues. And I guess I wanted to throw a couple ideas out and see what your reactions are.

What I've heard on this panel and, frankly, also the panel from states, is a couple of potential use cases that I think would push us in different directions standards-wise. One is this idea of consumer mediation. Frankly, the world doesn't work this way right now for health and human services. While I think we see huge opportunity, it's not the mindset most programs come out of. But I think what we heard is that it was an approach that could overcome some of the organizational barriers.

I'm thinking about the FASA example, and allow a consumer to get information they wanted about themselves. But there, I think, the standards issues you have in states are authentication and ID, and absent the sort of organizational framework of business rules around use of data, finding ways that we're comfortable putting that consumer, putting that responsibility in some sense on them to do that, and giving them the supports they need to do that. I think there's a set of standards, I think, that will be even more critical around authentication and ID for that one.

I think the second thing we heard from One-e-App was really this idea of the world is complicated. It's diverse. It's heterogeneous, but we can provide translation services that help mediate across that complexity, so we can use HIPAA 270 and 271 to do messaging. We can do the translation. The world does not have to conform to the way we want it to be. Again, there, I think that might point us in the direction of what are the translation standards. Let's not make the world identical, but what are the ways in which we can make it able to communicate better in a sort of translation mode.

I think the third thing we've heard is this idea of a core service, so the CHIPRA is a good example of this. Are there some things lots of people could use at high volumes? You know, the fact that you've gone from zero to 28 states in a very small amount of time, I'd love to hear more about what made that possible, but I think, are there just some – whether it's the interfaces or authentication or matching that are core services that could serve across a bunch of use cases. So those are the three things I've thought about, and I'd love to hear folks' reactions about which are sort of the – we're looking for rapid reality-based progress. We're kind of what's most promising in your view?

Julie Rushin – Internal Revenue Service – Deputy CIO

I think I'll go first because I'm maybe the shortest here, but for us, the first thing is the authentication as to who the individual is. Are you who you say you are, and then what can we do with your data? What do you authorize us to do with your data? We get 24 million requests a year from people wanting us to provide information, say, to a mortgage lender or somebody else validating their income. Today, we have to have written authorization to do that, so how do you do that differently going forward? We have to build some authentication baseline to do that, whereas, once you have that authentication baseline in place, then you can do all sorts of Web applications.

We're all about, right now, we are beginning to do that build. We plan to have it done in 18 months, and if there's anything that we need to do in terms of the whole process around ACA, then we will be able and ready to do so in a very short period of time. But, you know, you can build those applications in 60, 90 days, depending upon when it is, once you have the authentication layer put in place. So that's a fundamental for us.

Bryan Sivak – Government of D.C. – Chief Information Officer

I'll address one point really quickly. I think one of the things that I heard today that is a key point is that if we want to do something rapidly and effectively, we really can't think about modifying the legacy systems that exist too much. And that's one of the places where I think a common framework comes into play. If

we can develop a common framework that can be built on top of these legacy systems, and interact with those legacy systems in an appropriate way, then I think we're able to roll something like this out much, much faster in a more standardized fashion that allows people to actually develop applications in a way that both consumers and healthcare professionals, insurance companies, etc. can use all of that data. I think that's a critical point.

Julie Rushin – Internal Revenue Service – Deputy CIO

Claudia, I would just want to add to that what Bryan said, and that is that these translation tools that are available today absolutely work. So all the data doesn't have to be identical. I mean, we use it within our agency. I told you how many examples we have. They work, so just where you can set standards and where you're going to do brand new things, some of which we are going to do, then we definitely need those standards laid out for us. But in terms of everything, I'm with you. You don't have to have all new.

Paul Swanenburg – SSA – Senior IT Specialist & Program Manager

Yes. That's exactly what we found at Social Security because, in fact, even though we've put out test files, what have you, for the states to test it, because it was a legacy system, they could adapt it very quickly. They didn't even use the test files in many cases. They just came right on and, the next thing we knew, we were tracking my data that's showing that literally thousands of transactions were pouring into us.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you. Any other questions? Wes, is there a comment from you in response to Claudia's question?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes. Thanks. I wanted to actually comment on two comments. One, I think that the authentication issue that was highlighted by the first, pardon the expression, first responder there, is very critical. I think that it's critical, not only for the consumers, but also for the agencies that would be providing data or verifying the authenticity of data provided by other agencies. The question otherwise is how do you build an entire network just for these transfers to assure the authenticity of source and destination in those transfers.

I do think that depending on the application and the legal requirements for it, many agencies have now built ways of establishing the identity of consumers based on existing transaction information that they have in their file and things like that. It's not necessary to consider a whole separate means of establishing authentication. What's necessary is to be able to commonly merge those identities. The approach that I described where the consumer or an advocate for the consumer where the individual can deal with the technology is in effect able to log in and use their established identity with an agency and link it to their identity in a data bank provides a relatively easy way to have legal assurance that you have a mapped authenticity. Thanks.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you, Wes.

Jessica Shahin – USDA – Associate Administrator, Food Stamp Program

I'm sorry I lost my nametag, but this is Jessica Shahin. I think one of the things that's really come through for me today and this panel's presentation and state presentation, just like you were saying, Claudia, really brought some stuff together for me. There is a lot of data matching out there. There's a lot that states do. The list of all the things, the things that you've talked about in terms of prisoner match and citizenship match and all of that sort of stuff, the FASA, all of this stuff. There's a lot of stuff out there.

I think one of the key things and one of the important things for us to do in the limited time that we've got, but to make sure, check in and see how this works for the user. How does the user feel about how the data match is actually working for them? How do the states feel about it? How do the local offices feel about it? How do the clients feel about it? Whoever it is, I think we need some feedback on how does data matching work today. And if we're going to be developing some kind of standards that what we're doing is something that improves that if at all possible or uses best practices that are available to us that actually work, all within the context of the user, the client and, finally, that big, big issue that I think you all raised, and that is the sense of privacy, not only as the statute requires, but that gives the comfort level to the client, so they'll use it

Bryan Sivak – Government of D.C. – Chief Information Officer

Can I add to that actually for one second?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Sure, Bryan.

Bryan Sivak – Government of D.C. – Chief Information Officer

I think if there's one lesson that we can and should take away from successful, private sector, Web based applications, it's that user experience is critical, and user experience can be anything from just the way that something looks and feels, to the actual interactions, or to the things that you suggest, such as privacy and the communication and messages and all of that kind of stuff. I think, in government, that's often lost in translation because we focus on policies and procedures and regulations and protections and things like that. But the user experience and interface is absolutely critical to making something like this a success.

Jessica Shahin – USDA – Associate Administrator, Food Stamp Program

And so the question is, can we in fact build that better mousetrap and still be within our statute and regulations and those kinds of things? I think we can. I think, too often, we use those things as barriers to say we can't. I think we can do it within the requirements that we've got, and that's instead of fussing about how that gets in our way, how do we get around it is the key.

Bryan Sivak – Government of D.C. – Chief Information Officer

I completely agree with that.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Oren?

Oren Michels – Mashery – CEO

Yes ... Bryan. When you created the open 3.1.1 APIs, did you have to go out to a bunch of different people in the city, different areas, different agencies and say essentially please open this stuff up. Please create this for me. And did they have to do that on their own, or was it something you drove from the top down? Because I know that what we're trying to do here, you're going to have to – you know, we have to take that number of agencies times, I don't know, 100, 1,000, some large number, 10,000, 20,000, and sort of try to figure out how to get them all open and play nice, and maybe you have some best practices or learnings from how to get at least a modest number of people to open and play nice.

Bryan Sivak – Government of D.C. – Chief Information Officer

We had a bit of a built in advantage in that we controlled the systems and also have sort of a mandate, if you will, from the mayor in terms of transparency, openness, and things like that, so we were able to kind of drive that through. But your point is a good one, and I want to bring it back to something that was on

the very first set of bullets that Aneesh went through, which is, there's a relatively, I think, limited set of data that will initially allow us to accomplish a lot of this functionality. Instead of going for the 100% of information that we want to transmit back and forth in the long-run, if we shoot for 80%, or even 60% that gets us at least partway there in the beginning, and that's actually relatively low hanging fruit and relatively easy to do, I think that we have a really good chance of actually being able to get something like that done.

I also think it helps that this is mandated by legislation, so we're able to use that as something to predicate these discussions on and to start the process of developing this stuff. If we are going to go down that path, the model that we used was not a bad one. We consulted with a few people, but threw a version of it out there just to see what the reaction would be and to see what happened, and the next steps, which happened relatively frequently, were iterations based on actual usage of that API. I actually think something similar could work very well here. We could develop an initial cut as a draft, a V.1, if you will, and then see what happens after that in terms of who responds and who comes back. I mean, the vendor community has got a stake. The government has got a stake. The insurance providers have a stake, all the private sector, so I think there's an interesting parallel to that story.

Oren Michels – Mashery – CEO

A rapid prototyping model.

Bryan Sivak – Government of D.C. – Chief Information Officer

Exactly. Yes. Exactly.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Gopal?

Gopal Khanna – State of Minnesota – Chief Information Officer

...said something that got my attention. You said that in the private sector, different approaches are taken, especially with a common framework. Obviously whether it be our major banks or insurance companies, they too have the same problem in terms of data and fragmented silos and everything else internally. Yet, they've been able to change their operations model to be more customer centric and keep the customer front and center. I'm curious if you can give us some examples that you may know of from the private sector experience where common framework deployment has helped and fulfilled the rapid approach, as well as – because not all the insurance companies and banks went through modernizing all their systems overnight.

Bryan Sivak – Government of D.C. – Chief Information Officer

Right.

Gopal Khanna – State of Minnesota – Chief Information Officer

And maybe Wes can chime in as well from a purely technology platform perspective. We've had enough conversation about the business side of what we're trying to solve. But I was just curious if you have some thoughts.

Bryan Sivak – Government of D.C. – Chief Information Officer

I think banking is a great example. There's a lot of interaction now between banks on a programmatic level, most of which we don't see on the backend or on the front-end when we interact with them, right? But also, I think that the private sector was sort of driven to do a lot of this stuff purely by the fact of competition, which government sort of by definition doesn't really have.

We all expect certain services and products now online on a sort of 24/7 basis, and the organizations that exist out there to serve those, you know, the switching costs these days are relatively low, so they have to innovate and keep doing some of these new things in order to keep us locked in. I think, personally, that we as government employees need to start thinking about it very similarly. Even though it's a lot harder to switch governments, it's still something that we should think about how we provide services to the folks that live here and that take advantage of these things.

Gopal Khanna – State of Minnesota – Chief Information Officer

Isn't it ironic that the very customer that you talk about in the private sector is the citizen as well?

Bryan Sivak – Government of D.C. – Chief Information Officer

Yes.

Gopal Khanna – State of Minnesota – Chief Information Officer

So isn't the expectation the same of a citizen?

Bryan Sivak – Government of D.C. – Chief Information Officer

Absolutely. I think....

Gopal Khanna – State of Minnesota – Chief Information Officer

...more mobile citizens?

Bryan Sivak – Government of D.C. – Chief Information Officer

Yes, I think it's exactly the same.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Ronan?

Ronan Rooney – Curam Software – CTO & Cofounder

Yes. I had a question for Bryan as well. Obviously the open 3.1.1 API has been very successful, and it's blossomed and grown. Are there other areas that you're looking at developing similarly...?

Bryan Sivak – Government of D.C. – Chief Information Officer

Yes. Actually, I'm glad you asked that question because we're actually about to launch what I think is a pretty interesting endeavor, which actually has some potential overlap with what we're doing here, obviously on a bigger scale. If you look at state and local governments, and even federal agencies to a certain extent, we're all developing the same applications. When I talk to Steve, the stuff that they're doing in Utah is exactly the same as the stuff that they're doing in California and in D.C. and everywhere else. And there is a lot of wheel reinvention happening over and over and over again. And it's kind of ridiculous, right?

There's a lot of money being spent on these things and a lot of effort being put into it. So one of the things actually that we're about to launch is an effort to create a non-jurisdictional organization, which is meant to be essentially a repository for technology, a repository for open source technology, in effect creating what we're calling the civic stack of software that any jurisdiction, anywhere around the world really, can just literally pick a piece of it and use. The reason that I think it's important to do this non-jurisdictionally is because it has to survive political change, first of all. But, secondly, if we can build this organization into a relatively robust mechanism, what you're going to see, I think, is private sector organizations springing up to support this developed stack. Now that includes lots of little software applications like the data catalog that we've written, right?

But to answer your specific question, one of the things that we're actually looking at doing is extending the open 3.1.1 API to be actually an open city API, thinking that literally everything in a city, everything in a state, everything in a jurisdiction can be accessed and described programmatically, so everything from budget information to financial data to organizational information, directory structure, all of that kind of stuff. And if we can develop this generic framework that any application can leverage to actually interact on an automated basis with a jurisdiction, we've gone a long way toward solving that problem. That's something we're going to kick off actually relatively soon. I think, again, the stuff that we're talking about here could be a big part of that as well.

W

Bryan, who is "we"?

Bryan Sivak – Government of D.C. – Chief Information Officer

Mainly D.C., but have you guys heard of – anybody here heard of an organization called Code for America? Basically for those of you who don't know it, Code for America is a relatively new project, sort of loosely based on Teach for America where cities will contribute a certain amount of funding, and this organization will contribute funding to bring fellows in for a year period to actually develop some piece of technology that's useful for that particular jurisdiction, but also can be leveraged across jurisdictions.

There are five initial Code for America projects in five different cities: Seattle, Boston, Denver, us, and I think LA. I'm not sure about the fifth one, and many of those projects are going to be very specific applications that can be shared across any city such as a neighborhood site where people can contribute information and things like that. But since we've already developed a lot of this stuff, I wanted to build something that could be a repository for all of this and something that we could leverage going forward to accept all of these new technology pieces and hopefully prevent some of this reinvention that we're seeing all the time.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you. Thank you to the panel. I want to allow for some discussion amongst the panelists about all that we heard today and just some of your initial impressions about where we go in terms of a workgroup, in terms of standards. I'm going all the way back to the charge for the committee, just initial impressions. We are going to have many subsequent meetings to talk in more detail, and I'm also going to leave 10 to 15 minutes for public comment, which we have advertised. Just off the top impressions of what you heard today and how does it suggest we move forward with the charge that was presented earlier today? David?

M

Hello. The point that really resonates with me throughout the entire day's discussions is that we're not doing this alone. In the very beginning, you mentioned a blog that will be going live on the HHS portal to talk about the work of the committee and engage the community. Then I believe Alice touched on the ideas that really reached across digital divide and literacy issues as well to engage those communities. Then Bryan really astutely showed the power of the development community in opening these processes and embracing sort of the, not just open source software, but the open source methodology in solving these problems. That's really the point that's sort of repeating in these different sorts of areas of our discussion today.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good. Thanks. Cris?

Cris Ross – MinuteClinic – CIO

I think there are sort of two things. One is to sort of go back to where we started just on scope of the work and discovery associated with that. We heard examples of a couple of other applications outside the health space, and obviously we're here because the ACA act forces this to happen for healthcare applications, but I'm not sure we have a full inventory of other systems that may be germane and relevant, and I know we can't boil the ocean, but I'm still feeling ignorant around what that might be and is there a risk that we would create sort of a super silo around health, which excluded other kinds of applications. I just want to sort of be attentive to that. I think we need to do some more investigation.

The second thing that really struck me today is that, and it's not a surprise because we saw this elsewhere in the standards committee is standards for what. I think one of the things that comes to the surface pretty quickly is standards for architecture versus standards for application and data. We heard an awful lot of advocacy today and some good case studies for things that are open standards, open API, shareable code, things built on top of legacy applications and so on. But it seems to me as though we need to iterate pretty rapidly between some architectural options and then the implementation standards that follow from that.

Today we heard about sort of state legacy application centric architectures, enterprise integrated architectures, Web federated architectures, consumer oriented architectures. There are a whole bunch of different kinds of models. We can't have standards for all of them, so it feels like our work ought to try to center in on what are some of the overriding kind of architectural or topological considerations we want before we then move forward.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Steve, and then Reed.

Steve Fletcher – State of Utah – Chief Information Officer

One of the things that, as states have been entering into discussions with our federal partners is, and Bryan brought this up. I think that there is a great opportunity to reduce the cost of implementing systems by sharing code, by providing code, by distributing code, by distributing applications, as we go forward, because it doesn't make sense to put in \$120 million Medicaid system 50 times. It doesn't make sense to do that.

We've got to look at ways in which we can take similar systems and deploy them across the country in more efficient ways. Maybe the cost driver is one of those things that can provide that. But as we get with standards and implementation, we also ought to look at the functions are roughly the same.

You put rules on top of it, and then can't we distribute that and do it cheaply across all states so that we can take advantage of this with best practices? I think Bryan talked a little bit about that. I think that's a really strong point that we have to make, as we go forward, so that we can allow states to go forward and put these systems in place.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Reed?

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

First, I find myself really glad to be on the committee. This is important stuff, and it's exciting. Secondly, I really love data systems and coming together and doing, I mean, I can just think of all kinds of curly-Q's of permutations of good stuff.

I am very chilled by the first presentations and the sense of the kind of havoc that you or we could create for state governments that are already overwhelmed by 18 zillion different stuff. And so, what that sort of gets me to is, while I'm encouraged by all the techno geeks who are so smart, and then you get the people in the trenches who are going, ah, help. So I wonder whether, as we get excited, because I want to be excited about all the possibilities, can we quickly get to at least the simplest thing that's possible?

Can we play some case study games? Woman on public assistance walks into program number one door. Okay. What happens, and how do you do that? Then a dude comes in through this other place. What happens?

You can start seeing some very simple things, and then build up. That might not be as sexy as going from the best super duper down, but maybe for some of us who are not real sophisticated, we could start. If you've got nothing else, what's the simplest thing that Penny would allow before she brought in the HHS police on you?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Rob?

Rob Restuccia – Community Catalyst – Executive Director

I think what's startling or what's striking is the date of 2014 and the culture of entitlement that will come with it, and the paradigm shift that's required in states to get there. I think Reed touched on it. The first presentations were a little chilling in terms of where states are at now, although I think we see some examples of really states' leadership, and Louisiana is one of them. And I think the idea of building off of those best practices and really understanding what the system will look like in 2014 is important with an appreciation for the trial that states are going through in the meantime. But hopefully between now and then, the economy will improve, and state budgets will improve also.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Gopal?

Gopal Khanna – State of Minnesota – Chief Information Officer

States budgets will improve. However, speaking from a state perspective, it may be a long haul, and we've got serious issues and challenges with the operational model ... the way it is. It's broken. The bottom line is that. Yes, the politics and policy is what we're consumed by, but once it becomes the law, it becomes the domain of the program execution component, and we lose oversight that operationally speaking we are a highly inefficient organization structure. It's a construct of the '40s and the '50s. It has to be reengineered.

Given that, today's conversation centering around standards was very good and meaningful for me personally and a big takeaway because even if the standards could be 20%, they don't have to be 80%. The game in terms of efficiency of government will go up by a factor of multiples that I can't even describe because there is an enormous amount of waste in the current mode the way it is funded from various jurisdictions, federal, state, and local.... I think, without trying to solve all the problems, I think, in 118 days and 3 hours or whatever this morning we started with, I think we do have a unique opportunity to come up with really putting in place a new way of government operations model because that's what is needed.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Bryan?

Bryan Sivak – Government of D.C. – Chief Information Officer

Yes. I actually just wanted to add to something that Cris said, which I was trying to figure out how to talk about before, but couldn't quite work in. I saw a demonstration of a system a few weeks ago called UCIDSS, the Unified Incident Command and Decision Support System, which is being provisioned by DHS in order to provide essentially a situational awareness dashboard between public safety organizations across the country.

The thing is, that system is not really just a situational awareness infrastructure. What it is, is a backbone for secure messaging between any two systems. And it's exactly pretty much what we're talking about today, right? They've built this infrastructure. They've built an architecture, and they've built components that can actually plug into literally any system out there with a little bit of tweaking, and allow the people who own those systems to actually translate data back and forth.

So the point that Cris was making, I think, is a very valid one and, Gopal, what you were saying too. I think there's work that's been done out there. We're not starting from scratch. We can leverage a lot of stuff that's already been thought about and put into play that might just be existing in different clusters of the government that might have some interesting effects here.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Sallie?

Sallie Milam – State of West Virginia – Chief Privacy Officer

Just a quick observation: I was really excited with what IRS did with putting the consumer in control of the information. It's a nice model for us in that it cuts through all of the underlying laws and regulations that define the appropriate uses and disclosures that each of our agencies can do with data. When we think about the populations that we're serving through these social and health programs, it presents other issues in terms of literacy and access to technology and that sort of thing, so I'll be interested in learning more about how we can apply what we did at IRS to cut through a lot of the red tape and to put the consumer in charge and to make it real for a different type of consumer.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Oren?

Oren Michels – Mashery – CEO

Yes. I just wanted to go back to what you had said about the iterative process and sort of starting with something small. We've been dealing with open data at our company now for four years and change and working with dozens and dozens of public and private entities, and that's exactly the approach that sort of seemed to work is that we had our first customer, and they opened their data in a certain way, and then we had the second one and then the fourth and then the tenth. Pretty soon you found out that there were maybe six or eight different ways that people were dealing with it. And there were maybe five or six different classes of security that people were using.

I think that the more we find a representative sample of people, entities to work with and create those flows and those use cases around a handful of rubric, a handful of frameworks, we'll get 80% of it right, and then you'll end up with that other 20% either there'll be some places in there that'll be so compelling that we have to invent something, or they might find that it might just be okay to use the best practices that the rest of the world is already using, but that approach should work pretty well.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you. Ronan?

Ronan Rooney – Curam Software – CTO & Cofounder

Yes. Just to echo what Reed and Cris, I think, have said already, which was the thing that struck me was the amount of work that has to be done outside of what we're doing, as that came from the first panel as well, which was that the states are going to be up to here trying to get ready to implement the new changes they've got to have for the different HIEs, and that the Medicaid and the different kind of variations that are going to be there. That sounds to me, having been working in this area than I care to remember, that sounds to me like an enormous amount of work, and I think the challenge for us is to try and get that sprint, I think, that Aneesh talked about at the beginning. How do we get something in that doesn't actually become a block...?

That's my big fear that we could come up with all sorts of wonderful things, but it could actually, given the amount of work people have to do, we want to make sure we give them something that's going to help them in that process as opposed to just being another burden on their back. I think to help that, Aneesh is here to answer that question. I think we have to....

Aneesh Chopra – White House – CTO

...solve all our problems.

Sam Karp – California HealthCare Foundation – Chief Program Officer

We'll fill you in.

Aneesh Chopra – White House – CTO

A lot of dower faces. It's not the end of the world.

Ronan Rooney – Curam Software – CTO & Cofounder

It is. We decided it was after you left.

Aneesh Chopra – White House – CTO

No....

Ronan Rooney – Curam Software – CTO & Cofounder

I thought it was really important, and Cris made the point about the scope. I think there are two levels of scope, given the timeframe that we're.... One was the scope of our ... architectures. Are we looking at data exchange standards? And are we looking at things like eligibility, or are we looking at ... because the idea that we do all of that and not be a burden on whatever we implement, I think, would be crazy.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you. Anne?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

I have experience with these groups. How many days do we have, Aneesh, 118, and a quarter or less. My heartfelt recommendation is that we try to address the scope at least to the degree that we get the high risk, the CHIP, the Medicaid, and the exchanges addressed, and get busy on breaking this down into those pieces of the elephant. We don't really have time to shop for people solutions. We don't have time to rally the states into going to one set of code. Even if we tried to do that, we would still have those who wouldn't, so we need to address a solution that works with all of the different kinds of arrangements that are out there.

I think the use cases, I don't shop for systems in my shop until after I understand what I need a solution for. So I think we need to quickly articulate what it is that we're trying to find a solution for and get that on paper and minimize it. Don't maximize it just because we're all here and we're excited and we want to solve all of this. We want to really solve something. This is going to be a nightmare for the person on the street trying to figure out what they now qualify for. And you'll be able to – all the agencies will be able to bounce them from one to the other unless this process gets put in place, so we need to put some critical paths on this. We need to get some of these items scoped out and addressed, and those phone calls need to deliver stuff, not talk about stuff. Call me Debbie Downer, but we need to figure out how to quickly go from being educated to being actively solutioning.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Wilfried, did you have anything to add?

Wilfried Schobeiri – InTake1

I just wanted to say....

Aneesh Chopra – White House – CTO

Sorry. I'm going to jump in and, like, come on now.

Wilfried Schobeiri – InTake1

I just wanted to say, as someone who is involved in the tech entrepreneur community and as someone who actually personally experienced a 2.5 enrollment process in CHIP just recently, I am thrilled that this exists, and I am very happy to see just the opinions that are coming out of this experience. It's amazing to see that from what is a previously fairly ignorant government view.

I do want to just echo what Oren and I believe Cris and Ryan have said about rapid iteration. I think that's great. That's something that we've seen in the private sector work very well with API development, and the same thing with the reuse of codes and the reuse of framework. I think that's something that we rely upon fairly heavily to save us time and money.

But I do also want to mention that we should definitely not be scared of leveraging the open source community. Something that if you look at just the Haiti disaster relief effort, there are so many apps that sprung up from companies and entrepreneurs that were not necessarily involved in making a buck off of it. You had some extremely clever and very innovative disaster relief applications that came out of that. I mean, from people using Blueberries and cell phone technology – sorry, Blackberries and cell phone technology, or Blueberries, yes, iPhones, etc., just to take pictures of water wells that were hijacked by gangs or such. Things like that, that's stuff that we can try to leverage and use to create solutions fairly quickly.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes?

W

...either the Department of Health and Human Services or anywhere in the Obama Administration without saying the word "collaboration" several times a day. And so I just really wanted to highlight and say thank you because I think this has been a really wonderful example of collaboration. And I know that the secretary, as well as all the way up to the President really feel like we can't solve major problems if we are only looking at one dimension of them, and that's why having partners from USDA, from Social Security Administration, from IRS, from states, from the business community is really – it's going to take

everybody to solve and have a 2014 that we can be excited and proud of and that get people what they need.

I just don't want to make a policy point or any other point, but just to say thank you and that I know I speak for the department when I say that we so appreciate everybody's time and effort. In the spirit of collaboration is the only way that we'll make healthcare reform the success that we need it to be.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Jim?

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner

Yes. I want to follow up on a couple of comments, one that Reed made, and one that Anne made. Anne, you can tell you're a veteran of the standards committee. And that is, what is different about this effort? What is different about why we've all been called here today from the work that's been going on in the standards committee, the policy committee, what is different?

The only thing that is different, because I just made a list of what all the core services are that we would need to make this thing happen. The only thing that we can't already do and that hasn't already happened is a place to store previous eligibility determinations so that they can be shared. The rest of it, identity proofing, there's a standard for that. Data retrieval, whether it's income data or citizenship data, there's a standard, and there's a way to do that. The only thing—

M

Are those ways open and ... to developers?

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner

Well, they are open and available to at least today those who administer federal programs on behalf of the government. No, they're not, but they could be made so. In other words, today they may use proprietary interfaces. Certainly they could be exposed through Web services.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Steve?

Steve Fletcher – State of Utah – Chief Information Officer

Actually, I noticed someone who hasn't commented. I'll go after.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Sure. Terri, your card is....

Terri Shaw – Children's Partnership – Deputy Director

I just wanted to build on your point. I think that's largely true to the extent that all we're talking about here today is eligibility. However, I think our charge is broader, and it's to get to enrollment. And to really manage enrollment, including transitions among different programs and plans that provide services underneath those programs, we have to look beyond just eligibility information to also a lot of information about carriers, benefits, cost sharing, provider networks, etc. We haven't talked about that aspect of the enrollment process here, but I assume that is an important part of the charge for this group that we do want to be mindful of.

Steve Fletcher – State of Utah – Chief Information Officer

The only comment I was going to make, I was provoked by Wilfried there. I think, given that I did start out making a comment around de minimus, sort of, let's play a few use cases out. Let's try to do what Anne said better than I did in the sense of let's see what the models are.

If those of you who are interested in things like open software and those kinds of things and the kinds of things that you guys are doing in D.C., if you could perhaps, as part of the follow up to this meeting, share a little more about sort of how you see those things happening practically, and sort of educate some of us who don't think about that, and for whom that seemed interesting intellectually, but a little further removed from getting something done in a tangible way. But because you are confident enough to come back with it, I just would imagine, I know I would be a willing recipient of how you see it.

M

I'd love to do that, but not ... I've not done one of these before, so if someone can help me out with the process for that, I'd love it.

M

Ditto.

M

...I think the use cases and then the point you were making, the use cases, the sort of baseline stuff that we need to do is the first critical thing to define, and then we can build on top of that. But I think, Anne, you're exactly right. We've talked about a whole lot of stuff today, and going back to that whole 80% versus 100% point, if we can define even 20% of what we're trying to do initially, I think we'll be off to a good start.

Sam Karp – California HealthCare Foundation – Chief Program Officer

This will be the last couple, and then we can get ready for public comment. Deborah?

Deborah Bachrach – Bachrach Health Strategies – President

I'll be very quick. I want to echo what Anne said. I think that the question of what do we need a solution for is we need the solution so that states can move forward and successfully implement for 2014, and to think through how to interface Medicaid, Child Health Plus or CHIP, and the exchange, the high risk pools, the Section 1331 plans. A procurement is a matter of years. Nothing happens quickly, and states are desperate to get more guidance, and so I guess I would say I'm thrilled to be on this committee, and I'm also thrilled that we only have until September to come up with our rule.

Aneesh Chopra – White House – CTO

It actually helps ... eons ... more wasted time than eons.

Deborah Bachrach – Bachrach Health Strategies – President

And that's what the states need is they need that guidance to get it right so that they can move forward towards 2014.

Aneesh Chopra – White House – CTO

Cris?

Cris Ross – MinuteClinic – CIO

I wanted to respond to Oren's comment, at the risk of taking more than my fair share of airtime. I think that things that we found in the standards committee is not that the standards are necessarily open or closed. I think most of them are relatively open. The thing that we were....

M

...standards were open. I meant access to that data is open. I don't care about the standards. Developers can develop to anything.

Cris Ross – MinuteClinic – CIO

Well, and maybe both, but nonetheless, I think the point is a fair one to get what Anne was talking about. I think that one of the things that we struggled with the most, and one of the reasons why I'm really glad that the three of you and others are here is we really struggled with innovation versus preservation of existing assets. We really struggled with how do we provide enough of a playbook that everyone can suddenly begin stepping in lockstep versus the need for innovation and the realities of what's on the ground, right? I think technologists are pretty good at trying to bridge between the need for things are really different out there in the field, and we've got to find some way to bridge it and try to find some way that's common and pulling out that level of abstraction, I think, is really critical. If there are ways that we can figure out how to do that quickly....

M

I think there's another point to that, which is that the world of – we were talking before about user interface and how important that is. The world of user interface and the world of who all is interacting with computers to change ... I mean, this thing has changed the app store. What it's done is it's caused people to start to revisit user interfaces. Again, Web pages ... lazy, and you had really lousy, a lot of really lousy Internet applications and Internet interfaces. This forced people to get good at it, and what happened was that more people started interacting with more apps and doing more things, which gives us a huge opportunity to start bringing that sort of thing as more and more people get smart phones, more and more people have access to kiosks, whatever it is, to do more.

What I'm hoping to see is exactly the same thing that we can get to a place where we're talking less about – when you talk about preserving, I think what we're trying to preserve is the underlying stuff. We're not just ripping out legacy databases. We're not just ripping out mainframes. But the point is that it's the presentation layer, not the data layer, not the logic layer, but it's the presentation layers that need to be ripped out. It's the presentation layers that we're trying to create because currently those presentation layers are mostly paper forms with a few cases some ancient user interfaces or whatever. But we need to dig down into the open and exposing the data....

Aneesh Chopra – White House – CTO

We'll do the final three. I'm going to ask Gopal, Deborah, and I'm going to cold call Molchany only because I want to make sure we hear from the perspective of a county as to how this goes down. Gopal, do you want to go first, Deborah, and then that'll give Molchany a minute.

Gopal Khanna – State of Minnesota – Chief Information Officer

Very quickly, I think that this group may want to take into consideration is the power of state and local government engagement. Much has been said about providing the guidance to the states. I think there's a unique opportunity, and I don't want to speak on behalf of Steve Fletcher, who is the president of the National Association of State CIOs. If he can enlist similarly Alice's organization and a couple of other stakeholders, I think there's an opportunity of doing what we did with recovery.gov and data.gov in terms of bringing some of those standards and let them be at the front end of defining some of these standards, so it's not just guidance, but just something for your consideration.

Deborah Bachrach – Bachrach Health Strategies – President

As someone who has spent 20+ years trying to make Medicaid work and accessible, I just want to tell you how wonderful it is to find Medicaid at the center of a discussion that all of you are focusing on ... some of us have done for many, many years, and that is just an amazing thing.

Aneesh Chopra – White House – CTO

See ... thoughts.... Can we get Molchany to give us some final observations about a county perspective here?

David Molchany – Fairfax County, VA – Deputy County Executive

I think this has been a very interesting meeting. I think I should have sat on that side of the room because I would agree, this really needs to be very practical, very simple for states. As a local government, basically in Virginia, we take our direction from the state. It's their systems. We administer their programs for you. So we need to make this as simple as possible and get the job done. I think there's a lot of time in the future, if you could get this to work, to innovate and to try new things.

I think we also have to understand our customer, and our customer may not be the one that's going to use the fanciest apps, so we have to make sure that paper still works. They can walk in. They can call in. And if they want to use the Internet, or if they do have an iPhone, they can do that too. But I think you really have to understand your customer base inside and out, and you really have to make sure that every single way that they're going to need to contact you is available.

I looked at our – while we were talking, I looked at the Commonwealth of Virginia's Web site, as well as our Web site. It's very hard to find how to do these programs on the commonwealth. I did find them on our site, but the thing that I noticed was, we go back to the commonwealth for everything. And, on some programs, it is apply online, and on some programs, call your local office, which is us. I know that we handle phone calls. I know we have consolidated intake, which handles phone calls.

But it was interesting to me that even the commonwealth does not have one single way to deal with its customers. It's not consistent. If I was a customer, I would be pretty upset. So I think that, in looking at this, although there are all kinds of really cool things we could do, I think we need to make something that's consistent for the customer, that works for the customer, that's practical, can get done in the timeframe, and can make 2014.

I'm very worried about states being able to make 2014. I know I'm not a state CIO, but I've been an active in NASIO for years, and hopefully they're going to be involved in this also, and you're going to take information back to them because I'm going to try to do the same because I think we really have to understand the 50 states and how they're going to deal with this entire effort. It's in some ways been very interesting, some ways very frustrating because I've heard this discussion a million times with state and local government and federal government groups because I work a lot with the federal government. And I think that the thing that has always worked is keep it simple, be very practical, understand your customer, and really do what's going to work for them. And the customer is not only the citizen. In this case, it's also the states because, as the federal government, that's your customer. And we're the end customer because we're going to have to do whatever the commonwealth tells us to do.

Aneesh Chopra – White House – CTO

Amen to that.

David Molchany – Fairfax County, VA – Deputy County Executive

And we are a ... state, which means that we cannot do anything unless the commonwealth says we can do it. We are not a home rule state, so you have to understand that. There are a few of us around. Anyway, those are my comments.

Aneesh Chopra – White House – CTO

Thank you for all of this. Thank you for everything. Forgive me. I had to go to something that required a little bit of a sensitive matter, but we're all good, and I'm looking forward to working with all of you on next steps. Sam and I will confer. It seems to me, we're going to have to turn it over for public comment, and then we can have a little form of advice. Is there anyone in the room who would like to make a public comment? Judy, do you want to manage this?

Judy Sparrow – Office of the National Coordinator – Executive Director

Sure. Yes.

Aneesh Chopra – White House – CTO

Drum roll, please.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes. This is the public comment period of the meeting, and if anybody in the room wants to make a comment, please come up to the microphone at the table. Anybody online, you can just dial star, one to speak, or if you're on the Web, dial 1-877-705-2976. A reminder just to state your name, your organization, and you have three minutes to make your comment. Anybody in the room?

Aneesh Chopra – White House – CTO

Come forward, please.

Judy Sparrow – Office of the National Coordinator – Executive Director

Please come up.

Georganne Chapin – Hudson Center Health Equity & Quality – President & CEO

Thank you. My name is Georganne Chapin, and I'm the president and chief executive officer of the Hudson Center for Health Equity and Quality. We've been working and developing electronic applications and a whole continuum of enrollment management and roster reconciliation products for the Medicaid and CHIP market for basically the last ten years. We have products that screen for eligibility, management tools. We have a direct to consumer electronic online application, and we have relationships with the insurers in our state, which is New York, where they agree to take the applications that we send to them.

I think there was one comment made right at the end, and it was Terri, I think, who said we haven't really mentioned the fact that we're talking about people getting healthcare here. We're talking about, that is the goal of what we're trying to do here is that we want people not to get eligible or to only get identified and get screened, but they are in this so that they can get healthcare. And even though the government has a kind of ambivalent relationship to insurers, we've just bought ourselves again the private insurance system, including for most Medicaid and CHIP enrollees.

Now that might be bad news in some ways, but it's actually good news because we don't know how we're going to get this thing funded. As developers and marketers of these products, we have relied on insurers because insurers have more of an incentive than anybody in this room to get people into their programs, to collect premiums for them, and to assign them to doctors. That's where the constituents, the

people, and the financial incentives all line up. So I would encourage this group. I think this has been a wonderful discussion. People are doing wonderful things, but I would encourage this group to at least consider the perspective of the entities, the organizations that still have some money and have the same incentive, more incentive than anybody else in this room to get people integrated into their system, and it actually happens to dovetail with the most important goal, which is that applicants can get healthcare. Thank you very much.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you, Ms. Chapin. We have nobody on the phone.

Aneesh Chopra – White House – CTO

Anybody else in the room wish to make a public comment? Man, come on in. Here we go.

M

...for Gopal.

Aneesh Chopra – White House – CTO

Tell us how great Gopal is doing.

M

He sees big, thinks big, and isn't all that big. He's a great friend though. Thank you for giving me a couple minutes here today. I'm very enthused by all the work that you're doing in this very important work. I do think the work does really, if you tie it all together in a bow, there are the policy pieces, which are out of scope of this, but they really do affect.

When you look at the policies around buying public insurance, essentially are Medicaid versus buying a public product, the closer we can get those standards to work together, so as people are coming in, my daughter is a perfect example. She just graduated from college, my youngest. I'm an empty nester now, and she went from being on my insurance program to, she has to wait for four months before she can get on Minnesota Care. There are a lot of people that are transitioning between public and private insurance, and to really bridge that gap so that there aren't those holes in between. That will be a piece of the puzzle and one that we can help solve.

There are some legal components. A lot of our systems, when you look at doing eligibility across programs and the sharing of data, simply there are some legalities there that we've got to get across and bridge, and there are actually some legal specifications that we might want to identify and address.

And, of course, the IT ones, and I hope we can get this all done as quickly as you all are, but a number of the folks pointed out that it was identifying the use cases, the interoperability specifications, the transaction specifications, the transaction itself, and the autonomic composition of those transactions in whole. Those can't be underestimated in their complexity and our ability to be able to deliver those in a timely fashion.

If you look at the HIPAA transactions and what HITSP did, for example, and how much just rolling up our sleeves, grunt work it was to get that done. I ask that, as we put this together, don't underestimate that effort. It really is a big one. Thank you.

Aneesh Chopra – White House – CTO

Amen to that.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you.

Aneesh Chopra – White House – CTO

With that, let me begin by saying thank you for all your time and effort today. It sounds to me like we're going to have small, little working groups between now and then to help bring in requirements. We're going to lean heavily on brothers Steve and Gopal to bring in state perspectives on kind of priority sets. I would encourage Brian and Dave the same on the locality side. And I think that we will begin to have a conversation between now and the next meeting so that when we get to that conversation, we are clear on scope, and we have the path forward. Sam?

Sam Karp – California HealthCare Foundation – Chief Program Officer

I think that's right, and we'll also, with staff's help and consultant help, be looking more at the best practices that are out there that we haven't uncovered so far, and look at the innovations that exist currently in the states and try to bring them forward as part of informing this group.

Aneesh Chopra – White House – CTO

That means amen. Let's go. All right. Thank you, everybody.

Public Comment Received During the Meeting

1. For Steve Fletcher's presentation: What has been their experience in maintaining their provider directory and linking provider information to patient information?
2. Interesting and important details are being presented. Wish the meeting involved discussion rather than reading from a book or PowerPoint.
3. It would be helpful if each speaker introduces themselves so listeners know who is speaking.
4. Eligibility: Is the patient insured and is the patient eligible for the care to be provided? Authorization: Is the patient authorized to use the benefit, i.e. has the patient already used the benefit for the eligibility year? I hope the panel will consider discussing authorization check and reuse along with eligibility check and reuse.